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COMMUNICATIONS.

OPERATION UPON A LACERATION OF THE CERVIX AND PERINEUM: PERITONITIS, ABDOMINAL SECTION, DEATH.

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It is a saying as true as it is trite, that a careful study and a proper appreciation of the causes of our failures, frequently teach us more than many successes. And to this end, with a desire to extract as much good as possible from a very sad case, which has recently occurred in my surgical practice, I present the following report:

Mrs. B. came to me from a distance, sent by her family practitioner, a man of high skill and reputation, living in the northern part of the State. I found upon examination, that she had a very unusual form of laceration of the cervix, extending obliquely from the left, anteriorly, to the right, posteriorly, completely dividing the cervix into the vault of the vagina, leaving two puffy infiltrated lips. From its anterior left extremity, the tear had extended far into the vault and leaving as its sequel a well-defined, broad, sharp-edged band of scar tissue. The vaginal outlet was slightly torn, and greatly relaxed. A careful bimanual examination showed that the pelvic connective tissue also carried the scars of old inflammation, but there were at present no foci of any active, or sub-acute inflammation, nor were there any cystic deposits or pus pockets discoverable within the pelvis. The injury was one of which I have seen many examples, resulting apparently, in the light also of the well detailed history, given me by her physician, from a very difficult forceps labor, oc-

casioneing great damage to the maternal soft parts, and followed by a severe attack of puerperal fever, confining her several months in bed. She was etherized for operation on the 9th of March. Both cervix and perineum were repaired at the same sitting, lasting about forty minutes; and I followed the same steps satisfactorily employed in several hundreds of cases previously. She took the ether very badly, resisting violently when inhaling it, and retching for a long time as she was coming out of its influence. In brief the operation was conducted as follows: The cervix was well exposed by Simon specula, and held by a tenaculum, exercising very little traction, on account of the condition of the vaginal vault and connective tissue above mentioned. The lips of the tear were quickly denuded with scissors, and brought together by three sutures of silk-worm-gut on one side, and two on the other, which were held by clamped shot. Nosponges were used throughout. Cleanliness and comfort were insured by continuous irrigation, pouring a steady stream of carbolized water on the field of operation. The relaxed vaginal outlet was quickly repaired by means of the Emmet operation, and closed with shotted silk-worm-gut sutures. For thirty-six hours the patient's condition was comfortable, and there was nothing to excite especial attention, until on the third day I noticed a quickening of the pulse, for which she was given tincture of digitalis, which was stopped on the day following on account of vomiting. Her pulse on the fourth day was 124, and she was vomiting frequently, and complaining of pain across the lower part of the abdomen. Throughout this day and the day following, in spite of the most careful attention, close watching and judicious medication and feeding, the pulse continued from 120 to 130, and the temperature ranged from 100° to 102°. The next day

at midnight the matron of my hospital called me, with the report that the pulse had gone up to 140. I ordered her to prepare at once for an abdominal section, with thorough irrigation of the peritoneum. My associate, Dr. Robb, who was dressing to go with me, asked me if it would be well first to take out the stitches in the vagina and cervix? I replied that I was certain that some as yet mysterious cause had given rise to an attack of *peritonitis* instead of cellulitis, and I felt equally confident that the field of operation was not directly to blame. Several possibilities lay before me—either in some unaccountable way, unprecedented in my experience, the field of operation had become infected, and transmitted the poison to the peritoneum; or else some lingering trace of the old pelvic inflammation, in the shape of a small pus cyst had been ruptured by manipulation during the operation or vomiting, and the peritoneum had thus directly been infected. My confidence in the conditions which surrounded the field of operation was such that I unhesitatingly acted at once upon the latter supposition, which was supported by a careful digital examination per vaginam, showing that there was no deposit in either broad ligament. Under the influence of chloroform, with the assistance of Dr. Hunter Robb, I quickly opened the peritoneum, and was at once rewarded by finding about two ounces of grumous pus lying free in the pelvis among the intestines. I washed the cavity out well, and closed the incision down to a drainage-tube, in the lower angle, resting in the pelvis. A curious fact attracted my close attention when making the incision; after cutting through the skin and fasciæ, I opened a small duct-like structure, plicate, and looking like bladder tissue. I feared for a moment that this was an unobliterated urachus. But as no discharge came from it, I continued opening the peritoneum. She informed me on the following day, that she had for some years had an intermittent purulent discharge from the navel, which in the interim appeared clean and healthy. This discharge ceased from this time, and I could discover no trace of it subsequently. The first object of my care upon opening the peritoneum, and finding the puriform grumous accumulation, was to discover the condition of the pelvic organs. I slipped my fingers behind the uterus, and found that ovaries, tubes, broad ligaments, uterus and cervix were normal. No adhesions and no cysts were to be found. After this operation the pulse quickly dropped twenty beats, the sickness of the stomach was relieved, and pain disappeared; the temperature fell a de-

gree and a half, and the pulse continued dropping, until it reached 108 in thirty-six hours, with constantly improving general condition. It then began to climb again, and in forty-eight hours had once more reached 138, went to 150 and 160, with complaints of oppression, and pain in the right chest. In order to make certain that no lingering focus or sepsis remained in the abdomen, I once more irrigated the peritoneum with warm water, but without discovering any pus. The chances of recovery after this second rise in pulse, accompanied by rise in temperature, were very small; and the association of these factors with the complaints of pain in the chest, made the whole aspect of the case peculiarly ominous. Previously to this I had removed the stitches from the outlet, and found that it had healed perfectly throughout, affording one of the best closures I have ever made. The peritonitis after removal of the pus remained dry, the intestines had lost their lustre, and here and there were a few flakes of white lymph, like small shreds of curdled milk.

I have studied enough cases of peritonitis, watched with an anxious observance of the minutest symptoms, to speak with assurance, when I say that there did not remain sufficient cause in the peritoneum after cleansing to occasion death under ordinary conditions of vital force. The conviction was therefore unavoidable that the immediate cause of death, distress in the chest, and the rapid pulse, were due to clot forming in the great vessels. I remained by the bed-side myself all the last night, administering stimulants by mouth and hypodermically every fifteen minutes, until a late hour on the day following, when, with many fluctuations and short seasons of illusory apparent improvement, she died late in the afternoon, nine days after the first operation.

The bare outline of the case as above given stands thus: First, an operation upon the perineum and cervix, accompanied by a violent commotion of the abdominal viscera, due to the anæsthetic. Next, peritonitis distinctly recognized as such on the fourth day. Third, abdominal section for peritonitis, with thorough cleansing of the peritoneum and drainage. During the section a tubular canal was discovered, probably communicating with the umbilicus, a remnant of a foetal duct. The secretion from the navel probably came through this, and was probably under the straining efforts forced into the peritoneal sac. After this operation and the drainage, prompt marked improvement, suddenly interrupted by the forma-

tion of heart clot, terminating in death, which was due therefore to a rare accidental cause undiscoverable prior to an operation.

MERCURIC CHLORIDE IN CHRONIC PARENCHYMATOUS NEPHRITIS.

BY THOMAS A. POPE,
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Case I.—F. H., aged 17, applied to me for treatment in April, 1882. Had been under treatment for several months before I saw him. As well as I could learn, the treatment had been anti-malarial. The eyelids and feet were slightly œdematous; the tongue coated; the bowels irregular, generally constipated, but occasionally there was diarrhœa; appetite capricious. Sometimes the patient vomited food; nutrition bad, as evidenced by flabby muscles and loss of weight; constant headache in occipital region; more or less pain in back, and a constant feeling of lassitude, and a very little exertion was very fatiguing; passage of urine caused a burning pain along the urethra.

On examination, I found the specific gravity of the urine to be 1035, and it contained about one-fifth its bulk of albumin. The quantity passed was about normal, but perhaps slightly reduced. As the patient had been taking quinine for months I gave him a mixture containing iron, arsenic and nux vomica, and also one containing bitartrate of potash and fluid extract of digitalis. This treatment was continued for a month without any improvement in the general symptoms or diminution in the quantity of albumin. I then prescribed:—

- R Hydrarg. bichlorid. gr. ij
Alcoholis q. s. to dissolve.
Ammon. chlorid. gr. x
Aque menth. piperit.
Syr. simplic. āā. f ʒ ij
M. S.—A teaspoonful after each meal.

Also:—

- R Potass. acetat. ʒ j
Spt. ætheris nitrosi. f ʒ j
Aque f ʒ j
M. S.—Teaspoonful once or twice every day.

I prescribed the mercuric chloride partly because I did not know what else to do, but principally because I knew it to be a tonic, an alterative, and useful in inflammations elsewhere, and that it would promote absorption of morbid growths when all other remedies were useless. I gave the alkaline mixture because I wanted the volume of urine to be large, and because I supposed that the

pain caused by the passage of urine was due to its acidity, and wished to render it alkaline. Under this treatment there was, at the end of one month, a decided improvement in all the symptoms, and the amount of albumin was decidedly lessened. The alkaline mixture was discontinued, and from that time the patient took nothing but the bichloride solution and sulphate of magnesia, if needed, and some quinine on one or two occasions. At the end of eight months he was in the enjoyment of perfect health, and not a trace of albumin could be detected in the urine. To-day he is still in perfect health.

Case II.—In January, 1883, Mrs. B., aged 33 years, had an attack of acute parenchymatous nephritis. She was treated as usually directed for acute attacks of Bright's disease, and in about two weeks was apparently completely recovered. About three months afterwards I was called to see the same patient and found her suffering from chronic parenchymatous nephritis. I prescribed a bichloride solution, as in Case I, and gave nothing else, except a preparation of pepsin for digestive trouble and sulphate of magnesia when indicated. In three months the albumin disappeared and has never returned, and she has since enjoyed excellent health. Mrs. B. was not pregnant during the time she suffered from albuminuria, but has since given birth to two children.

Case III.—F. W., November, 1884, had been complaining for several months, and had taken a quantity of patent medicine. His symptoms led me to conclude there was some kidney trouble, and on examination I found albumin. This patient was put on the same treatment as the previous cases. For three months the albumin was constant; but at the end of that time it was lessened in quantity. The patient lived nearly twenty miles away, and had his prescriptions filled at home. At the end of two months he was able to work, and I did not see him for three months. He was then enjoying good health with no trace of albumin in his urine. I have not seen him since, but have heard he still enjoys good health.

Case IV.—W. N., aged 42, had felt badly for a long time, but did not apply for treatment until trouble with vision interfered with his profession of teaching. His eyesight was so bad that he could not read small print even with glasses, and small dark objects were constantly floating before his eyes. This patient was under treatment for eight months, and under my observation for a year longer. Under the use of bichloride of mer-

cure the albumin disappeared in five months, and perfect vision returned two months earlier. Since the disappearance of the albumin, he has been in perfect health.

Case V.—Mrs. F., was confined a year ago; I did not see her previous to her confinement. A few days after her confinement I examined her urine and found it loaded with albumin. From a history of the case I was satisfied that she had been suffering with albuminuria for at least two years. I put this patient on the bichloride, and she did not cease to take it until she was convalescent. About four weeks after her labor, she became partially paralyzed on the left side of the body and the right side of the face. In addition to the mercuric chloride she took strychnia, and opiates when indicated. Within five months she was convalescent, and has since been in better health than she had enjoyed for two years previous to her confinement.

Out of fifteen cases treated long enough in the past to be certain of results, I have selected five as illustrative of the whole. All of the fifteen cases recovered, and I know that eleven of the patients are to-day in good health, and the others were when last heard from. There were of course many symptoms present in these cases that are not given, simply because minute detail was not deemed to be necessary to illustrate the treatment, which was, as may be seen, very simple.

In all these fifteen cases the albumin was considerable and persistent for months. Albumin in the urine is not *per se* sufficient evidence to diagnosticate chronic Bright's disease, as its temporary appearance may be caused by violent exercise when the tissue waste is not converted into urea, by vasomotor disturbance in nervous persons, by congestion of the kidney, by ingestion of egg albumen, by various drugs, pregnancy, heart disease, and acute Bright's disease, and perhaps from other causes. But if we exclude these, and the albumin is persistent, then we may conclude we have chronic Bright's disease even if there be no symptoms pointing directly to kidney trouble.

But it is very rarely that we find persistent albuminuria without other symptoms to confirm the diagnosis. I am sorry that the lack of a microscope has prevented my making a microscopical examination of the urine in all these cases, as I then might have been able to make some definite observations on the pathological condition of the kidney in the patients treated.

As to the cause of chronic parenchymatous nephritis, while it has been ascribed to ma-

laria, syphilis, alcohol, etc., there is no positive proof that these are direct causes. It is true that a patient with a weakened constitution from whatever cause would be more liable to acquire this disease than a man of sound constitution and in robust health.

Drs. Da Costa and Longstreth, in a paper which I have not had the pleasure of reading, state that in chronic Bright's disease there is found fatty degeneration of the ganglionic centers, and they think that the fatty degeneration of the renal ganglion is a cause of chronic Bright's disease. If this be true, it is a fact of great importance when we come to treat the disease.

The large white kidney is the kidney of chronic parenchymatous nephritis, and I think it probable that this kidney always precedes the granular or cirrhotic. Notwithstanding the fact that Bartholow and others state that interstitial nephritis is generally a primary disease, and seldom follows chronic parenchymatous nephritis, there is so far as I can find absolutely no evidence to confirm the statement. If we make it a practice to examine the urine of all office patients, we often find albumin when there is nothing in the symptoms of the patient that leads us to suspect it, and there are, no doubt, hundreds of persons suffering from chronic Bright's disease who appear to be in perfect health and complain of no trouble whatever. And if at the autopsy we find the granular kidney, what proof can there be that it was the primary, and not the secondary affection? There may have been no symptoms at all during the parenchymatous stage, and it may have been only after the interstitial tissue became affected and the kidney contracted that the renal trouble was developed.

Whether chronic nephritis follows the acute, or is always primary, is hard to determine. In one of my cases the chronic followed the acute form, but the patient may have been suffering from the chronic form before the acute was developed. If the patient was under observation previous to the acute attack, and no kidney trouble was present, it would be clear that the chronic followed the acute. But whether always primary or not the condition of blood and renal organs is the same when the chronic form appears.

Belfield and others state that nearly all cases of acute Bright's disease are of blood origin, and it seems reasonable to conclude that the chronic form originates in some blood dyscrasia or nerve trouble, and if by some remedy acting on the blood and nutri-

tion we can cure the disease it will be strong proof that such is the case.

The condition of the kidney cannot always be determined by the clinical symptoms. While general anasarca and a large amount of albumin and diminished urine is generally supposed to indicate large white kidney, and polyuria, little albumin and no dropsy, the granular kidney, the latter condition may often be found in the large white kidney.

It is of course the renal epithelium that suffers most in the large white kidney. The glomeruli show evidence of fatty degeneration, as well as the epithelium of the convoluted tubes. The lumen of the tubes may be closed by the coalescence of the cells. If there is no change for the better the interstitial tissue becomes inflamed and the granular kidney appears.

The solids of the urine escape through the convoluted tubes and Henle's loops, while the watery portion escapes from the blood in the glomeruli. I note this fact, because it has a direct bearing on the treatment. Anything which increases the pressure in the glomeruli will increase the flow of urine, as well as anything which increases the diffusibility of the blood. The urine is an index to the metamorphosis of the albuminous constituents of the tissues. This tissue waste is converted into urea and so eliminated. If not so converted it may appear in the urine as albumin.

Now let us look for a moment into the action of the mercuric chloride on the human economy.

Our knowledge of the action of this drug in the various troubles for which it is used is purely empirical, but the vast array of clinical facts has proved its value beyond any doubt. In some way it is certainly antagonistic to inflammation. We use it in iritis, hepatitis, and in all cases where there is a fibrinous exudate. Sir Henry Holland states that he has seen it promote the absorption of morbid growths, and change the character of morbid action in cases in which all other remedies had proved powerless. After protracted use of any preparation of mercury in large doses the blood becomes watery, and its solid constituents are diminished, and a large percentage is eliminated with the feces; but in small doses it is a tonic and alterative, and most of it is eliminated by the kidneys. In small doses it aids nutrition in a remarkable degree, increases the glandular secretions, and increases the number of red blood corpuscles. Even small doses of the bichloride lower the arterial pressure, and of all preparations of mercury it is the least liable to salivate. I have used it in doses of 1-12

to 1-10 of grain three times a day for a year, and saw no signs of ptialism. Corrosive sublimate renders the urine alkaline, increases the amount of urine and promotes the action of diuretics, probably by increasing the diffusibility of the blood.

Mercury acts by preference on the skin and mucous membranes; it is the most powerful antiseptic known. In mumps it will relieve the swelling and pain. Dr. Keyes states that even in healthy individuals the bichloride increases the number of red blood corpuscles, and those who give it in syphilis know that while taking it the weight of the patient increases, the nutrition is improved, and anæmia disappears. It promotes absorption of effused products in any part of the human economy, and is indispensable in some form in glandular enlargements, and is a valuable agent in fatty degeneration.

Those who have used this agent in the treatment of chronic Bright's disease because the patient was syphilitic, speak in high terms of its efficacy. Have they any reason to suppose that the disease is more easily cured when complicated with syphilis than when it is alone?

This article is too long already, and I shall leave the facts as I have collated them from various authorities to speak for themselves. In a future article I shall give my further experience, and in so far as clinical researches will enable me to do so, the various reasons for giving the bichloride in chronic parenchymatous nephritis; and in the meantime I shall be glad to hear from those who would object to the treatment and their reasons therefor.

CASE OF MALIGNANT DISEASE OF THE INGUINAL GLANDS; OC- CURRING IN THE PRAC- TICE OF

M. L. HERR, M. D.,
LANCASTER, PA.

(Reported by Theodore Diller, M.D.)

Through the courtesy of Dr. M. L. Herr, I frequently saw the case here described, and I report it, by his kind permission, principally because of the interest attached to the diagnosis.

Jno. M., aged 22, tobacco packer, always enjoyed good health up to May, 1887, when he says he ruptured himself while lifting the end of a heavy wagon; he said he could distinctly feel something "give way," and that he could feel a tumor in his right groin which did not disappear when he laid down at night, except on one or two occasions. A

few days after the rupture appeared he procured a truss, which he wore about two months, although he complained that it never fit him properly, and caused him more or less pain. This induced him to get a new truss, which he did at this time; but he did not receive the comfort from the new instrument which he had anticipated. On the contrary, the pain steadily increased until the latter part of November, when Dr. Herr was called to see him. He had taken to his bed, and was, when first seen, lying on his right side with the corresponding thigh flexed upon the abdomen. Examination of the right inguinal region revealed the presence of a hard swelling about the size of an egg, just over the region of the external ring. The mass was firmly adherent to the tissues beneath, but the skin over it was freely movable. Handling the tumor caused the patient considerable pain. On being questioned closely he admitted that the enlargement was at this time distinctly greater than when the trouble began. He was kept in bed, and clay poultices were applied to the swelling, and opium was given internally. Diet was restricted. These simple means proved efficacious in relieving the pain and tendency to vomiting. The diet was then cautiously increased, and a tonic was given until January 10. During this time (six weeks) the tumor had distinctly increased in size, and the patient complained more of pain, while the diminution of body weight was quite noticeable. Moreover, the tumor had become more firm to the feel, and a peculiar dusky appearance of the skin over the growth, together with the above facts, made the diagnosis of malignant disease seem probable.

After consultation with Drs. S. T. and M. L. Davis, and C. E. Netscher, it was decided to remove the mass. The operation was performed by Dr. Herr, January 10. An incision was made one and one-quarter inches above and parallel to Poupart's ligament. Four tumors, ranging in size from a marble to a hen's egg were removed. The ring appeared normal, and no evidence of an entero-epiplocele or epiplocele could be found. The wound was packed with lint saturated with carbolyzed oil, which was renewed frequently—the wound always being cleansed thoroughly at each dressing with a solution of bichloride (1-2000). Notwithstanding these antiseptic precautions, the cut surface rapidly assumed a grayish appearance, and in a few days the bottom of the wound began to break down and form pus. It was, in fact, impossible to keep the room free from the unpleasant odor

which constantly emanated from the part. On January 18, a small painful enlargement was noticed in the other groin; but the condition of the patient at that time was such that further surgical interference was out of the question.

As soon as the effects of the anæsthetic which had been used at the operation had passed away the patient began to vomit, and this troublesome symptom persisted until the day of his death—two weeks later. Cocaine, oxalate of cerium and carbonated water were given with the hope of allaying the gastric irritation, but all proved ineffective. The bowels were moved only with the aid of a purgative.

An autopsy was held twenty-six hours after death by Dr. Herr and myself. The wound made at the operation presented a uniform gray granular appearance. The internal abdominal ring on the right side, as well as the left, was altogether impervious, and they both resisted firm pressure of the finger. The intestines in both iliac regions presented a healthy appearance. In the *mesentery* was found a tumor the size of a child's fist—irregular in outline and light gray in color. Immediately surrounding this tumor in all directions, in radii of from one to one and one-quarter inches, was a mass of hard, gray indurated material. Along the entire length of the abdominal aorta, in some places entirely covering it, was a strip of soft gray structure, looking not unlike a racemose gland in appearance. There were a few lymphatic glands along the aorta, which were enlarged, but had not fused themselves, as yet, so to speak, into this long, fleshy strip. The pancreas was enlarged, and attached to its superior border were two or three friable growths resembling the mass along the aorta. The *stomach* contained a small quantity of light-brown fluid. Mucous membrane was light gray in color. Along the greater curvature were three or four spots of fine ecchymosis. Near the middle of the greater curvature, about three-quarters of an inch apart, were two round ulcers. They were each about one-quarter of an inch in diameter, and both presented a "punched out" appearance, with clean cut edges, around which were small rings of congested mucous membrane. About one and one-quarter inches to the left of the nearest of these two ulcers was a small eroded spot—a little bigger than a pin's head—apparently the beginning of a third ulcer.

The *transverse colon*, instead of going directly across the abdomen just below the liver, assumed a V-shaped appearance. The

ascending colon reached the usual height and then turned upon itself and descended in a vertical line almost to the fundus of the bladder; it then ascended vertically to the left hypochondriac region to the point at which the colon receives the name descending. From here, in the remainder of its course, it was normal. The dependent portion contained a large amount of faecal matter.

My friend Dr. A. J. Smith, to whom I referred the tumor taken from the groin, regards it as carcinomatous, but I myself rather incline to the opinion that it is a sarcoma—perhaps a lympho-sarcoma as suggested by Dr. H. F. Formad.

The case seemed to me to give rise to several interesting points in diagnosis, viz.: Did the man originally have a hernia as he stated, and was the enlargement in his groin occasioned by a simple adenitis and cellulitis, caused by an ill-fitting truss?

True, manipulation of the mass when the patient was first seen disclosed the fact that no hernia existed at that time, and that no amount of coughing would produce one. What then caused the somewhat painful swelling? Apparently it was not a bubo. The most likely diagnosis was that it was a severe adenitis caused by the irritation of a truss. But from this time, about November 25, until January 10, the general condition of the patient had deteriorated so markedly and the growth had increased so much in size that diagnosis of malignancy, at the latter date appeared most likely to be correct. I now think that the most plausible supposition is that the growth began *primarily* in the omentum, that the patient on discovering one day that there was a small movable painful lump in the groin, thought it was a "rupture." By pressing the enlarged gland into the external ring it would seem to "go back." Whether or not the wearing of a truss hastened the growth of the secondary tumor in the groin, it would be difficult to say, but the tumors in the abdominal cavity with the constitutional disturbance which they produced seem to me to be quite sufficient cause for the early fatal termination. The gastric ulcers can easily be accounted for by the fact that the stomach was, like all the other organs, in a very atonic condition, which as we know renders it prone to this affection. The general constitutional condition was also doubtless the cause of the curious anomaly of the colon which was noted.

—The second Congress of German Gynecologists will be held at Halle, May 24-26, 1888.

TWO CASES OF COLIC IN ADULTS, PRODUCED BY INTESTINAL WORMS.

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As is well-known, any irritating body within the intestinal canal is apt to produce that peculiar and excruciating pain called indifferently colic, ileus and enteralgia; that sometimes this complaint is due to worms is hinted at—sometimes broadly suggested by certain writers, but I am led to believe parasites are more frequently the cause of it than is generally supposed. I have also noticed in the course of a somewhat extensive reading, that very few writers, under the head of parasites, treat at length of colic as one of the most striking symptoms presented by those thus afflicted. Indeed, "worms" seem to have been relegated to the charge of "grandmothers," or else is treated from the standpoint of the naturalist.

I was called late one Saturday night, not many months ago, to see Mrs. O., the mother of a large family, who was somewhat neurotic, but withal a strong, hard-working woman. She complained only of intense pain in the stomach and abdomen—a pain which had come on suddenly about three hours before my visit. There was neither vomiting nor diarrhoea, no increase in temperature; pressure over the abdomen had no effect on the pain. There was no swelling or tumefaction; tongue clean, pulse slightly accelerated. The pain was said to be present constantly, but there were paroxysms during which my patient suffered most excruciatingly. Was it colic, produced by undigested food? Her supper had consisted of an oyster-soup with crackers, and her dinner had been light. It might be hysterical, though there were no concomitant symptoms. I administered an emetic of sulphate of zinc, and after emesis gave a large dose of asafetida with no effect. Having failed to get at the origin of the trouble, I treated her symptomatically with morphia and atropia, and after giving nearly a grain of the former, with one-quarter grain of the latter, the pain diminished. I cannot say just why I thought of worms as being the cause of the patient's sufferings, but there being nothing in her condition contra-indicating a vermicide, I began administering the fluid extract of spigelia and senna in drachm doses, and before noon of the next day had dislodged some twenty to thirty lumbricoid worms, with total and prompt relief. This woman is the

mother of five children, and her labors have all been severe; yet she told me that the "cramps" in her abdomen during that night were the most severe pain she had ever experienced.

Case II.—I have had two experiences with this patient. About four years ago she had a severe attack of colic, which was relieved only after she had passed fifty to sixty worms. The second attack occurred recently.

Mrs. N., German, a hard worker; she does washing. Her food is probably none of the best; she seldom eats meat, and lives chiefly on vegetables, bread and tea. Her daughter called at my office on the morning of March 15, saying that her mother had great pain in her belly. I sent one-quarter grain of morphine, and, suspecting the cause of the pain, also ten grains of calomel and one grain of santonin combined, with instructions to take it in half an hour after the morphine. I was called during the afternoon, and found the patient vomiting; she had retained neither of the powders, and was in great pain. The abdomen was soft; no fever; tongue coated. One-eighth grain of morphine was administered hypodermically, and minute doses of calomel were left, with directions to take them in a little sugar, dry, on the tongue, every fifteen or twenty minutes. I saw her again about midnight; she had not retained a particle of the calomel. The morphine had given her some relief during the afternoon, but the pain in her abdomen was now most intense, the patient writhing and twisting as I have seen those do afflicted with biliary or renal calculus. She was vomiting quantities of a dark greenish fluid. She was then given an injection of hot soap-suds containing turpentine and castor-oil. Almost immediately her bowels acted, and three large, round worms were expelled. One-eighth grain of morphine was then given hypodermically. Early in the morning of the 16th I found her still suffering pain and vomiting the same greenish material. All attempts to administer anything by the mouth, even a teaspoonful of water, were followed by retching and vomiting. Morphine was again given hypodermically, and another enema of soap-suds with turpentine and oil; the latter brought away two more worms. During the day she had three-eighths of a grain of morphine in divided doses, hypodermically, and her bowels moved spontaneously, and there were five more worms in the ejecta. On the morning of the 17th I found no improvement to speak of in her symptoms. I then gave

her a quart of a strong infusion of the root of spigelia and senna leaves by enema, and managed to get her stomach to retain two pills, each containing one-half grain santonin and one-half grain calomel. During the afternoon she passed twenty large worms, none of them less than eight inches in length. The symptoms now became somewhat ameliorated; the pain subsided so much that one-eighth grain of morphine, hypodermically administered, at 9 P. M., brought comparative rest for the night. The next morning, March 18, she took two drachms of the fluid extract of spigelia and senna, and during the day passed forty more large worms. Her pain now ceased, and in a few days she was herself again.

TREPHINING AN INFANT.

BY WALTER H. PARCELS,
LEWISTOWN, PA.

Something less than a year ago I was called to see a child, aged exactly seven and one-half months, which had been injured by a carriage rolling down an embankment.

The child's head had evidently collided with a stone. I found at the right parietal prominence a depression of the skull. There was no wound of the scalp, and the child's general condition was not greatly alarming. There was only *slight* tendency to coma, and its vigorous crying showed that "life's fitful fever" was not likely to end immediately; however, the cavity formed by the depressed bone was formidable indeed. It was by actual measurement 3 inches by $2\frac{3}{4}$ inches in diameter, and rather more than an inch in depth.

The skull being very thin, of course there was no fracture, and I need only to spring it back to its normal position. How could I do this? But little force would be required, provided that force could only be applied as a *vis a tergo*. While at my office for a trephine I slipped a gimlet in my pocket.

Drs. Dean and Atkinson kindly assisted me in the operation, which consisted in first exposing the bone by a T-shaped incision through the scalp. At the very bottom of the cavity I inserted the gimlet and pulled.

I was able to apply a considerable force in this manner, but not enough to elevate the bone. With the trephine I removed very carefully a small button at the same point.

I found a small opening through the dura mater from which oozed a watery substance. This hole had probably been made with the gimlet. With an elevator now applied behind the depressed bone I succeeded in

springing it back to its normal position. It flew back with an audible sound.

The wound was sponged out with strong carbolized water, closed with sutures, and for the next three or four days kept wet with cloths wrung out of carbolized water. No pus formed during the process of healing.

There was no fever, in short there was nothing to indicate that the child had undergone an operation. *Query*: was there a better way to elevate this depressed bone?

ADDRESS BY J. M. DA COSTA, M. D.,

AT THE DINNER TO DR. D. HAYES AGNEW,¹
APRIL 6, 1888.

Fifty years ago, on this very day, there stood, with the honors of a University just received, a young man on the threshold of his life. His thoughts were the pleasant ones of the occasion; his aspirations had hardly taken shape; he was the popular comrade of the hundred and fifty-five whose real life, like his own, was to begin. Fifty years have passed, and their Agnew has become our Agnew of the many thousands of the American profession.

Honored Guest:—In addressing you to-night I feel that I speak not simply for those who are gathered around you, nor for those in this Commonwealth whose interest will centre here, but for the whole profession who hold you in such esteem, and whose sympathetic thoughts, could they reach you, would come to you in messages of such goodwill and affection as to overwhelm you with their warmth.

Your career has been, indeed, a remarkable one; and you must pardon me, and let the occasion be my excuse, if in your presence I allude to its success, and to the main causes of that success. Nor is it wholly unfitting in one to do so who has known you and watched your progress with friendly interest almost since you came to this city, to try your powers in a wider field. The training you brought with you as a rural practitioner of note was indeed valuable. Self-reliance, cool judgment under difficult circumstances, are not the least reward of a country physician's hard life. You enrolled yourself as a teacher of medicine in its most laborious branch, and fittingly took charge of a school which has been the nursery of famous anatomists and surgeons,—where Godman's practical skill was displayed, and

Joseph Pancoast laid the foundation of that intimate knowledge of the human frame which made him afterwards so great a surgeon.

This Philadelphia School of Anatomy, in College Avenue, has indeed left its mark in the history of medicine. It has been to us what the Windmill Street School was to the London of William and of John Hunter, of Hewson, of Cruikshank, of Baillie, of Benjamin Brodie, of Charles Bell. Its rickety structure harbored not only anatomists—some of them your own pupils, who were to succeed you as celebrated teachers—but its dingy walls heard eloquent discourses on diverse branches from more than one of your future colleagues; in its garret, independent and fruitful researches on the textures of the body were pursued; in its cramped lower room, physiological experiments were carried on, which have made their deep impress on the science of our day.

For ten years' working in this school of anatomy you lived laborious days and nights, and in its stern training your classes grew, until the narrow quarters would hold them no more, and you became the popular, admirable teacher you have proved yourself since, on a larger scale and on a different branch, as Professor of the Principles and Practice of Surgery in the famed University with which your reputation is forever identified. You learned to present facts plainly and impressively, to teach Nature's truths with Nature's simplicity, and without a deadly paralysis of words.

But in these ten years of unrelenting work you did something more than teaching. You laid by exact knowledge, by steadiness of purpose and affability the foundations of that large practice which you have since enjoyed, developing every day, more and more, into the trusted surgeon whose deft hand and cool judgment caused his advice to be generally sought. Every country shows in its professions the national traits. You certainly represent as a surgeon, besides much skill, the American characteristic of resolute commonsense.

You have been tried in many a hard case. In none harder, than when your reputation caused you to be selected among the counselors at the wounded couch of one for whose relief millions were anxiously watching. That in these trying times you bore yourself with the same calmness and dignity we know in you, every one in these millions recognized.

Your success as a surgeon of great repute must, indeed, have been gratifying to you. Not only for the opportunities it afforded you

¹ Given by the Medical Profession, in honor of the fiftieth anniversary of his entrance into the profession.

of doing so much active work in your profession; not only because it gave a personal value to your writings, especially to your opinions expressed in your elaborate work on Surgery; but because it enabled you to carry out a plan of action, of which I may not speak,—one which showed you to be possessed of the same high sense of honor for which Sir Walter Scott has received the unbounded admiration of mankind.

May you, dear sir, who have these many claims to distinction and esteem; may you on this, the fiftieth anniversary of entrance into a profession which you have graced by your industry, your sagacity, your skill, your character; may you accept the homage of those who are engaged with you in the same pursuit as a sign of widely-felt regard and appreciation. May your vigorous frame preserve your power of doing good, of teaching truths, for many a long year. May there always remain with you the assurance that, as age gently lays its hand on you, the chilling finger of time will not lessen the respect, nor benumb the tenderness of feeling, with which old and young alike regard you.

ON THE FORCIBLE FEEDING OF THE INSANE.¹

BY DR. JULIUS RADER,
PHYSICIAN TO THE NIEDER-ÖSTERREICHISCHEN LANDESIER-
KENNSTALT AT YBBS.

Translated by A. H. P. Leuf, M.D.,
University of Pennsylvania, Philadelphia.

The following sketch of a fasting insane patient may be of general interest.

A. B., aged 39 years, single, formerly a wage-worker, is said to have been much neglected in childhood and to often have lived off food-refuse found in the streets. She is credited with having been addicted to various excesses, and was admitted to a Vienna hospital suffering with syphilis, where she disclosed symptoms of insanity, leading to her being transferred to three other institutions, of which the last was the *Versorgungsanstalt* at Ybbs. Here she remained rather apathetic till July, 1882 (eleven months after the beginning of her insanity), when she developed periods of excitement, during which she would break out in tears and occasionally shriek out the vilest epithets. She believed that she was being pursued and murdered by criminals, replied to no questions, and abstained from all food since September 20, 1882. Five days later she was sent to the *Insane Asylum* at Ybbs.

¹ Read before the Philadelphia Neurological Society, March 26, 1888.

On admission she was filled with fear, but replied, though lazily, to questions. In answer to the query as to why she refused to eat, she said, "Because I have taken vitriol."

She is markedly congested, her pupils are very wide, the conjunctivæ are strongly injected, and there is *fetor ex ore*. Upon slight urging she took some food, and after the following day began to eat regularly. Otherwise she is quiet, indifferent as to her surroundings, and sits all day at the same place, and only occasionally talks to herself in an audible tone, scolding certain persons.

On Dec. 18, 1882, her face was markedly congested, she was excitable, says her bowels have not acted for several days, but refuses to take a laxative with the remark, "All will be well again if I eat nothing." Therefore, she abstained till Dec. 28, 1882.

In the following years, there was no appreciable change in her condition. She often had delusions of poisoning, claiming that her food had been poisoned so that she would become costive for a time. She would then abstain from food for from eight to twelve days.

In beginning of April, 1887, the patient again became more excitable, noisy, completely inapproachable, scolded continually, using the vilest expressions when approached or addressed, and also had delusions of poisoning. She abstained totally from all food from the 3d to the 24th of April. But during this time she drank considerable water, after taking which she would produce emesis by running her finger back in her throat. After this she would drink more water and repeat the emesis, and continue so many times during the day. Very bad *fetor ex ore* that fills the patient's whole room, and is readily noticed immediately upon entrance.

Patient took some food from the 24th to the end of April. She, however, abstained again from the 1st to the 16th of May, again drank large quantities of water, which she again expelled by self-induced emesis, lasting for hours. From the 16th of May to the 2d of June, 1887, she daily ate a little clear soup, but refused to take any more substantial food. In the beginning of June there set in an enormous, almost unappeasable, appetite.

The duration of the total abstinence and partial abstinence makes up a period of exactly two months. During this time the patient actually fed for only six days; the soup that she took daily from May 16 to June 2 can hardly be considered as food in any strict sense.

The formerly very good-looking patient of finely nourished appearance had at last a sickly appearance, a dirty yellowish brown complexion, she was enormously emaciated, very weak, always sat crouching in the same place; during the later period was ever unapproachable, irritable and dejected, and scolded at once upon being approached. Weighings could not be undertaken.

Despite the long abstinence and the bodily deterioration of the patient therefrom resulting, in accord with the Director of the Institution, Dr. Langwieser, I did not proceed to to the artificial feeding of the patient.

The fact, on the one hand, that the patient on repeated occasions remained without food for a considerable time, and then spontaneously returned to food; on the other hand, the most sad experiences that I have had in the forcible feeding of patients during the last six years, gave me the courage to maintain a position of observation.

The question as to whether in a given case forcible feeding should be resorted to or not, is at the present time, despite good work in this direction, not yet ripe for discussion. At all events, the request for the forcible feeding of every abstaining patient after a given time, must be denied. Generalization is here least of all in place and every case must be accurately individualized.

The fear that these abstaining patients will die at the end of a week is unjustifiable, when we reflect upon the experience of the modern hunger artists or fasters. According to my experience, never to resort to forcible feeding of the abstaining insane, would entail less damage than the forcible feeding of all such cases. After having seen that many patients follow forcible feeding by violent emesis, and too often die of "Schluckpneumonie," due to the inspiration of vomited matter; and on the other hand, that patients, despite the ample ingestion of food that has been forcibly introduced, fail to assimilate it, and in a short time become enormously emaciated and eventually die, anyhow, not to mention those cases in which death results directly during the forcible feeding (partly because of the fault of a clumsy operator, etc)—these negative results must seem serious and be a cry of warning.

For the sake of comparison it may be well to say that at the present time forcible feeding of the insane is not much different from the not yet very distant past when these patients were much restrained. There was a time when the iron chain, with which the excited patient was fastened to the wall of a cell that in every way burlesqued all sanitary

requirements, belonged to the necessary instrumentarium of the "expert in insanity;" and not far in the past is the time when it was considered urgently necessary to confine each new patient, whether quiet or not, in a straight jacket, or to apply it to excited patients for purposes of discipline.

It has taken a long time until this medical treatment was dropped in the service of true humanity, and restraint was resorted to to urge them, when other means were inefficient to prevent injury to the patient.

The danger to the abstaining patient consists in nothing but that of death from inanition; and so the only question to be considered is how long can the patient exist without food? One would believe that the diminution of the body weight might be sufficient; but the insane often overturn all theories and stand a loss of forty per cent. of the body weight without reaching the border of inanition. This then will not settle the question and other means must be resorted to for an answer.

We can only determine this, however, after more material has been studied from different standpoints, and especially that which considers the *etiology of abstinence*. Especially would it be necessary to consider the innervation of digestion that might, besides giving rise to indigestion, also cause hallucinations of taste and therefrom resulting delusions of poisoning, in which cases, because of the digestive power being dormant, forcible feeding could only do harm.

In the second place, there would have to be considered actual anatomical changes of the gastro-intestinal tract, as well as combinations of disturbed nervous innervation with pathological changes of the digestive tract.

Our case seems to be one of this kind. The behavior of the patient during her abstinence in filling her stomach with water and then emptying it by means of self-induced emesis, can be considered as perfectly rational and reminds one forcibly of the washing out of the stomach in cases of gastric catarrh.

It is certain that her own treatment did her more good than if she had been forcibly fed by means of the elastic-tube per nasum.
—From the *Wiener med. Presse*, February 5, 1888.

—At the meeting of the Académie de Médecine, March 13, 1888, Dr. Lusk, of New York, was elected a Foreign Correspondent in the section of Surgery, by forty-two votes out of fifty-three. Sir William MacCormac received nine votes, and Mr. Victor Horsley, of London, two.

THE FORCIBLE FEEDING OF THE INSANE.¹

BY JOHN B. CHAPIN, M. D.,

PHYSICIAN-IN-CHIEF OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE.

The case which has been presented in the paper of Dr. Rader seems to be that of a person who, from some delusion, imposed upon herself periods of fasting extending, in one instance, to twenty-one days, during the years 1881 to 1887, inclusive, and for reasons which seemed good to the physician no forcible means for administration of food were resorted to. The study of this case leads Dr. Rader to question and condemn the practice of forcing food upon insane persons who will not eat, which he holds to be not only useless but dangerous, in which opinion the tenor of an editorial recently published in a medical journal concurs.

Every case of disease out of the ordinary course of experience has a lesson. If the physician in this case came to the conclusion that no great harm would arise if forcible means were not used to break the fast, he probably acted as the large proportion of physicians would or might act, and so far was justified in the wise course that he took. Fasting was quite the normal condition of this person, for she had accustomed herself to abstinence from food at different times over a period of six years certainly, and there was no occasion to view her habit in this respect with alarm. If Dr. Rader had been accustomed to use forcible means whenever a patient refused to take food for a brief period, he might have obtained from his experience in this case a new and useful lesson, which others might wisely heed if they are too ready on all occasions to use force to feed an insane person. If he had not been accustomed to promptly administer food when refused by the insane, he might have fortified his radical conclusions by the citation of sad experiences, rather than by appealing to our fears and apprehensions.

First. "As to the question whether forcible feeding is not absolutely imperative in some cases," I must answer it from the standpoint of hospital experience alone in the affirmative. Eighty out of every hundred insane persons present the visible evidences of a lowered state of the physical health, ranging to extreme exhaustion, due largely

to impaired nutrition, poor food and little of it. One of the marked changes in hospital practice in recent years, based on good experience and good results, has been the liberal administration of food as the most effectual means of restoration. About the question of alimentation in all of these cases no difference of opinion has arisen, and it is not presented in the paper of Dr. Rader; but what shall we do if the patient persistently refuses food, and in the judgment of the physician it is essential to the preservation of life and for mental recovery that the patient should take it. Shall we be content to do nothing more than to advise and urge the patient, or shall we resort to force? Here we must consider the fact that the patient has been placed under care because he is no longer competent to judge for himself, his mind is disordered, he is dominated by his delusions, and that the disordered condition may be mainly due to the impoverished state of the system. He is no longer competent to determine what and how much food he can or ought to take, what medicine should be administered, or what should be the management of his case. Yet he has certain rights, among them the right in his disordered mental condition to have his case wisely judged by his physician. Because of his insanity and his delusions, the insane person is deprived of his liberty that he may not endanger the community; so the insane are sometimes dangerous to themselves, and are placed under private care or hospital care that the strong will of another person may be substituted in place of a disordered will, and the responsibility of the case must be assumed by the physician, who cannot share it with the incompetent patient. The physician in general practice is sometimes confronted with this very problem in the management of his delirious cases, with absolute refusal to take food when considered essentially necessary, and I have never heard of the question being raised as to the propriety of the use of sufficient force to administer it in critical emergencies.

The term "forcible feeding of the insane" is not to be understood as always meaning the use of mechanical devices for this purpose (of which I do not propose to speak in detail), but it means the application of sufficient force (and not more than sufficient) by the physician, and under his sole direction and supervision to overcome the resistance of the patient, if resistance is made, and if not made, as it is not in the majority of cases, still to administer the required nourishment, notwithstanding the protests of the patient.

¹ Remarks made at the meeting of the Philadelphia Neurological Society, March 26, 1888, in the discussion of a paper by Dr. Julius Rader (see p. 498.)

In the hospital with which I am connected, I find that fifty-three patients have, at some period of their insanity, been fed because they refused food, and it was considered essential to the preservation of life or recovery that they should take it. Of the whole number, eight were fed with a nasal tube, and the remainder with a feeding cup or other simple device. The mental condition or delusions which seem to explain the refusal of food in these cases are presented in the following classifications:

General unsystematized delusions; and refusal to take sufficient food to sustain life, from obstinacy or absolute indifference;

Melancholia—refusal to take food to end life;

Melancholia with stupor and obstinate refusal of food;

Delusion—that patient was immortal and could live without food;

Delusion—That stomach and abdomen were full, and could not hold anything more;

Simple mental and physical enfeeblement with incapacity for self-administration of food or self-preservation.

Other reasons are sometimes assigned, and among them the alleged sufferings which food, taken into the stomach, produces, which deserved consideration, but I have assumed that the presentation of an actual experience would be more acceptable.

The patients embraced in these classifications may be grouped in two classes. We may place together those who from mental enfeeblement had not the capacity of self-preservation; they had no delusions, no mental activity, passions or desires, little vital force and a low form of animal existence.

They swallowed liquid food when placed in the mouth, sometimes resisting and sometimes not. Included in this group are cases of melancholia with stupor, who resisted whatever was proposed—they were silent—resisted the efforts to dress and undress, and refused food. They acted under the influence of delusions, the nature of which was not always manifested. Other cases of an opposite condition are placed in the same category—cases of mania that show great mental activity—ideas being formed with such rapidity that the patient's attention could not be sufficiently aroused and held to take food voluntarily, being too busy to eat, or they refused by reason of hallucinations of the senses of smell, taste and sight.

In the second group are placed those who refused food for suicidal purposes—those who entertained delusions of immortality—that life could in some way be sustained with-

out food; delusions that food was poisoned; and delusions that the stomach was full and could hold nothing more.

None of these patients were fed after a single refusal to take food when offered, nor for the reason that abstinence from food was a violation of a hospital rule to which forcible compliance would at once be required. Not one was forcibly fed until the fast had continued from twenty-four to forty-eight hours, or even longer in those making the second class. When food was administered it was given because the actual exhaustion, as determined by the state of the pulse, tongue and history of the case was so great that life was imperiled, or when a state of delirious mania or melancholia with delirium was supposed to be due to exhaustion from want of food. In every case medical considerations alone decided the administration of food, and the physician acted as he always must act when grave responsibilities are laid upon him, according to the best of his judgment—more than that he cannot be expected to do.

It must be borne in mind that of all the abstainers, but eight were fed with a nasal-tube. The remainder took food from a feeding cup or otherwise, with some or no resistance other than holding the head and hands.

For thirty-five years I have either fed or directed the feeding of patients as seemed necessary, and I believe I speak within bounds when I assert that I could number by hundreds the patients who under my own observation, had recovered under forcible feeding, and that I have erred too often I fear in not commencing forced alimentation sooner than I did. Neither do I believe my observation and experience are exceptional, but the general rule, and what else have we on which to found a system of medical practice but experience? In view of these results which I am sure others will confirm, what warrant is there to condemn forced feeding as useless or dangerous. Physicians and surgeons are always taking chances, and must do so, and sometimes a patient has died under the influence of ether, yet no one will be bold enough to assert the practice of surgical anesthesia is both useless and dangerous. Whatever may have been the experience of others, I have never had any unpleasant result or complication follow forced alimentation. Some years ago a suit for damages was commenced by a patient in a neighboring State, who alleged that the soft palate had been lacerated by a spoon in the hands of an attendant who was engaged in feeding her while under treatment in an asylum.

As to the time when feeding should be commenced, Dr. Tuke, in a paper read before the British Psychological Association, expressed the opinion that it should not be delayed more than twenty-four hours. Dr. Gray, in his practice, fixed the same limit. As to the general sentiment in the profession, I might here add that Dr. Savage, Dr. Clouston, Dr. Blanford, Dr. Spitzka and Dr. Sankey in their books, advocate the practice of prompt feeding and the administration of plenty of food. Dr. Westphal, of Berlin, and Prof. Ludensdorf, of Vienna, in their lectures, advise their students to resort to forced alimentation when necessary, and show to their classes the devices for this purpose. The French and Americans have expressed themselves in the same direction repeatedly in the medical literature of their countries.

Second. "Are there cases in which forced alimentation is not imperative, although patients refuse to take food?" To this question an affirmative answer is made. Occasionally we have to do with a patient who has some fixed delusion, is generally suspicious and apprehensive, but otherwise perhaps quite rational; there is no disorderly conduct; the general health is fair; and it may, on the whole, be the wiser course to let him alone intelligently, and not to interfere too actively with his individuality, trusting to the separation from home, and the influence of new environments to work some improvement. The delusion may have relation to the patient's food and lead to partial abstinence or complete abstinence for long periods. The patient will appear to be strong, and the mental vigor is not weakened. Here the question will arise whether or not more harm than good will come from the use of force to feed the patient—whether force may not sometimes unnecessarily aggravate or intensify suspicions and delusions, and I think we wisely refrain, in such cases, until a more positive medical indication occurs. I will briefly state a case that was under my care a few years ago, which furnishes a practical illustration of the affirmative of the second question. A clergyman, exhausted by his parish work, became melancholy—was regarded suicidal, as he meditated suicide and made one attempt. After admission to the hospital he seemed much concerned about the supposed failure of his clerical work. He spent several hours daily upon his knees, praying in an audible tone, and imposed upon himself brief fasts, until at last he partook of food but one day in the week, so far as the physicians were aware. No persuasion made any impression upon the patient. He entertained the delusion

that only through a mortification of the flesh could he again obtain the favor of God and make good his repentance. He was resolute, conversed calmly, and when it was intimated that force might become necessary, begged that it might not be resorted to. Abstinence from food, partial and total, had now continued for a period of four months, and the question of the use of force was the subject of daily discussion and anxiety. At the end of this period a clerical consultation was had and a clergyman visited him daily. The force of the delusion at length abated and food was taken on alternate days, and afterwards daily and freely, with the result of gradual improvement and complete restoration. This gentleman has now been engaged in his ministrations to a large parish more than twenty years. I have never regretted the conservative course that was pursued in his treatment, and have had repeated evidences of his friendship and confidence, which is not always the case in our relations with the insane.

The answers to the two questions which the paper that has been read seem to suggest, go to show that no absolute rule can be laid down for our guidance in every case, but that we must apply to each our experience and best judgment. I have purposely refrained from any allusion to the medical treatment of conditions in which delusions are present, the removal of which would change the repugnance to food which so often exists, but have confined myself to the question suggested by the paper which has been read.

—Dr. Seavor, director of the Yale gymnasium, has just completed the physical measurements of the sophomore class, and has developed some very interesting facts concerning the effects of training. All but four of the class have made decided physical progress during the year, although only a small proportion of the class have taken a regular course of training. The most noticeable increase in the measurements have been in height, girth of inflated chest and girth of head. A very notable example of the effect of light exercise is in the case of a man who, during the year, without the aid of any regular course training, has developed more than any one in his class. His gains have been: In height, $1\frac{1}{2}$ in.; chest, 2 in.; calf, 1 in.; biceps, $1\frac{1}{2}$ in.; forearm, $\frac{3}{4}$ in.; breadth of shoulders, $1\frac{1}{4}$ in., and in the capacity of lungs, 40 cub. in. Three have given up tobacco during the year, but the smokers are 5 per cent. in excess of what they were last year.—*Ledger*, February 24, 1888.

SOCIETY REPORTS.

PHILADELPHIA NEUROLOGICAL
SOCIETY.*Stated Meeting, March 26, 1888.*

The President, S. WEIR MITCHELL, M. D.,
in the chair.

In opening the discussion upon the subject
of the

Forcible Feeding of the Insane,

introduced by the translation of Dr. Rader's
paper¹, and by the paper of Dr. John B.
Chapin.²

DR. S. PRESTON JONES, of the Stockton
Sanitarium, Merchantville, N. J., said he
had never seen any serious results from forcible
feeding. He found it necessary in about
one out of every one or two hundred cases.
Some patients refused food because there was
actually no appetite and a loathing of food.
These patients were in bad health, and in
such cases forcible feeding he thought did
harm and the patients would mostly die at
any rate. If the patient was in good general
health and refused food, he did so because
he thought that it was poisoned. It could
be forcibly administered, and digestion as a
rule was good. He had seen such patients
steadily improve under such a course and
sometimes get well. Patients sometimes had
queer reasons for refusing to take food. One
man under his care had told his wife as
she was about leaving him, that he would
never eat a mouthful in the hospital. We let
him go for a week or ten days and then began
to use the stomach-pump. He soon began
to improve and would have gladly taken food
had it not been for the fact that he had made
a vow not to eat voluntarily. At the end of
three months he left the institution restored
to health. Another of our old patients was
very fastidious about his food and unless he
got just what he wanted he would not eat.
This became troublesome and on one occa-
sion we used the pump, not in the gentlest
manner. And there was no further trouble.

Formerly the stomach-pump and tube were
used, but he now employs the nasal-tube.
This was easily done, did not injure the
oesophagus or stomach, and the food passed
into the stomach much more slowly than
with the pump. He thought that possibly some
damage might be done by pumping a large
quantity of fluid rapidly into the stomach.
The use of the stomach-tube was sometimes

done in a rough matter, causing much dis-
comfort. The mouth had to be forcibly
opened, and sometimes this was a serious
matter.

Dr. Jones had never before heard of a
patient being strangled under the operation.
He thought that formerly patients were often
forced to take food too soon. At one time
it was taught that the patient should not be
permitted to go more than one or two days
without taking food. He now had a patient
who was rapidly recovering, who had been fed
twice a day for six months. He had not the
slightest doubt but that he would have died if
he had been left alone.

DR. E. N. BRUSH, First Assistant Physician
in the Male Department of the Pennsylvania
Hospital for the Insane, said that it had been
his habit for the past ten years in the two
hospitals with which he had been connected
to use forcible feeding. He had employed
the nasal-tube, the stomach-tube and injec-
tions. He had never regretted feeding a
patient, but had sometimes regretted that he
had not done it. He thought that some-
times patients were not fed soon enough, and
not often enough when we do feed them. In
some hospitals the routine custom was to feed
two or three times a day. He thought that
in some cases it would be better to give
smaller quantities six or eight times a day.
It was an easy thing to use the nasal-tube,
or if there was some deformity of the nose,
or other reason contra-indicating its use,
the mouth could be readily opened if we
went about it in the right way. It had been
said that if the patient was a lady, the best
plan was to get her to talk. In other cases,
the index finger could be passed between
the cheek and the teeth and inserted behind
the last molar, and the jaws could then be
separated.

The importance of this matter should be
impressed on the general practitioner. We
frequently see cases reported in the news-
papers where death has resulted because arti-
ficial feeding had not been employed. Physi-
cians had a fear of this simple and ordi-
nary operation. He frequently used the
tube as a siphon, the tube being provided
with a bulb by which the flow might be
started. A similar arrangement might be
used for washing out the stomach in cases of
poisoning. The bulb was without valves,
these being extemporized by the operator's
fingers. In a certain proportion of cases
washing out of the stomach as part of the
feeding operation—the washing being done
some time before the introduction of food—
resulted in an improved condition of that

¹ See REPORTER, p. 498.

² See REPORTER, p. 500.

organ and a voluntary resumption of eating.

Almost all of the ordinary articles of food might be given through the tube. Mashed potatoes could be given if mixed with a little milk and some preparation of malt. The same might be said of the farinaceous foods. Powdered beef and other preparations of meat are easily administered.

Dr. Brush on more than one occasion fed patients by the rectum. When the stomach rejects food, or when the injection of food caused pain, this method deserved a trial. He had employed various articles by this method. Some years ago he tried defibrinated blood. It acted satisfactorily, but gave rise to such an offensive odor that it was discontinued.

Various methods had been suggested for the feeding of patients. One of the most striking was that proposed by an Italian physician. He suggested that the food be prepared in the form of a bolus, which was placed in the back of the pharynx, and then an electric current was passed through the neck, causing the mass to be swallowed. He claimed to have accomplished this.

The length of time that a patient can be kept in good condition by forcible feeding probably depended upon the other conditions present. He saw a patient of Dr. Yellowlees, in Scotland, who had been fed daily for six years, and was still in good condition. He had fed a patient for eighteen months. The patient was then transferred to another hospital, where at last accounts she was still being fed. Dr. Westphal preferred the use of a funnel with a stomach-tube. So do some of the other German authorities. Some of the English alienists still use the stomach-pump. Dr. Yellowlees used a bottle with the tube attached to its side, at the bottom.

In the matter of tubes, Dr. Brush's preference was for the soft rubber ones. For nasal feeding he used a soft rubber catheter, with the opening in the end. He had various sizes of stomach-tubes of the same material.

DR. J. C. HALL, Physician-in-Chief of the Frankford Insane Asylum, Philadelphia, said the ground seemed to have been pretty well covered by those who had taken part in the discussion. He must say that he did not agree with Dr. Rader in regard to the advisability of not feeding. He had never seen any bad results from the practice, and he thought that a mistake was often made in waiting too long before beginning forcible feeding. He should not like one of his patients to go more than twenty-four hours without taking food if he thought his condition required it.

At the present time, they had an epidemic of not eating in the institution with which he was connected. About ten per cent. of the cases refused to take food. He found that one with a good deal of strategy will influence others to follow his example. Some he thought had taken up the matter by imitation. He employed the nasal-tube, although he preferred the stomach-tube where it could be used without too much annoyance, on account of its greater rapidity. He used with this a funnel. The only objection that he had met with was that the patient would occasionally regurgitate the food. He thought that the main thing to be taken into consideration was not to allow the patient to go too long without food. He recalled one case of melancholia in which food was refused under the delusion that it was poisoned. This patient was fed three or four times a day for eight or ten months, and finally recovered, left the hospital and went into business. He has seen many other cases in which the advantages of forcible feeding were clearly illustrated. Dr. Chapin had well covered the ground, and he agreed with him on most of the points presented.

DR. J. WILLOUGHBY PHILLIPS, of Burn Brae, Clifton Heights, Pennsylvania, said that during the past ten years he had had about fifteen cases in which forcible feeding was called for. He had never seen any accident; the only untoward occurrence that he had known of was a convulsion during the passage of the stomach-tube. He had used both the stomach and nasal-tube, and either can be employed with ease if properly managed. He used the tubes simply with a funnel. He had then in charge a lady who had not taken food voluntarily since a year ago last December. The nasal-tube was used twice daily during the entire period. She had not gained in weight, neither had she lost. During the operation the patients should be so thoroughly under control that there can be no possible chance of their injuring themselves or interfering with the operation. This can be accomplished by having plenty of assistance.

Of the foods used in such cases, milk and eggs head the list; with these may be combined beef tea, mutton broth, and strong consommé, vegetables in liquid form, and occasionally extracts of malt and spirits, according to the requirements of the case. When patients are debilitated and run down, prompt and liberal feeding is clearly indicated. His practice was to administer nourishment twice daily, the amount being at least a pint and a half at each meal.

DR. WILLIAM OSLER said that in general practice he often had occasion to feed patients with the tube. In the course of some years' observation in the post-mortem room, he had seen three or four instances of deglutition pneumonia, such as had been referred to in the paper. He saw such a case not long ago. A girl was admitted to the hospital in a comatose condition, and it was necessary to feed her with the nasal tube. At the autopsy a double deglutition pneumonia was found. It was extremely important that the operation should be properly performed. The tube should be entirely emptied before it is withdrawn, and taken out carefully. In the insane, accident is not so likely to result, for the patient generally coughs the foreign matter from the larynx, but the comatose patient does not recognize it, and the fluid passes into the bronchial tubes.

DR. E. N. BRUSH said that the danger to which Dr. Osler referred should always be borne in mind. His invariable custom was to pinch the tube if it was soft, or if it was stiff, to place his finger over the opening while removing it. Dr. Hall had referred to the fact that he had had an epidemic of refusal of food. It was found that if other patients knew that there was a patient being fed with a tube there would soon be other cases, especially among those of a hysterical tendency. A curious fact may be mentioned that many of the cases which refused to eat, would eat if they had a chance to steal sufficient to live upon; and acting upon that, he had often avoided the necessity of feeding, by directing the nurses to leave food where these patients could surreptitiously gain access to it.

DR. CHARLES K. MILLS said that he regarded the subject of the forcible feeding of the insane as one of great practical importance to general practitioners of medicine, as well as to those who had charge of the insane institutions. When he read in the *MEDICAL AND SURGICAL REPORTER* the favorable editorial comments on Dr. Rader's paper, advocating non-interference when insane patients refused food, he felt that the subject would be an excellent one to bring before an association like the Philadelphia Neurological Society, which counts among its members neurologists, alienists and general physicians. He did not, however, feel that he could add much to the discussion; but he would like to emphasize the importance of forcibly feeding the insane who are treated at their homes, or not in institutions especially intended for such patients. He saw many cases of insanity in consultation, and

was frequently called upon to treat such patients at their homes, either alone or in connection with other physicians. He could recall a number of cases of acute mania, melancholia, delusional monomania, and stuporous dementia, in which he was confident that fatal results, or absolute failure to succeed in treatment at home, were due to carelessness or tardiness or indifference as regards forcible feeding. Occasionally cases of hysterical insanity will either intentionally, or in spite of themselves because of their morbid impulses, carry their refusal of food so far that their stomachs will not respond properly to the stimulus of food when given, and serious results will then ensue. He had had under his charge for several years an intelligent young man, but the unfortunate victim of a form of paranoia, chiefly exhibiting itself in abulia, inchoate delusions, and imperative conceptions, nearly all circling about a fundamental delusive idea with reference to the sinfulness of having blood entering in any way into his food. This patient was fed 400 to 500 times forcibly with the cesophageal tube in the course of about two years. Dr. Mills had but little doubt that his life was saved by the procedure; and not only so, but, as the patient himself had more than once declared, the forcible feeding had probably prevented him from passing into a state of acute mania, great excitement having frequently resulted from the terrible conflict precipitated by the struggle between the desire to take food owing to pressing physical necessity, and the resistance to the inclination by which he was delusively dominated.

As to the methods of feeding by force, his experience was in favor of the nasal-tube. As this discussion was intended in publication to cover the subject of forcible feeding, he would close his remarks by quoting from his little book on the "Nursing and Care of the Nervous and the Insane," a few remarks on this subject of nasal feeding: "The number of patients who cannot be fed by the nose is very small; occasionally, however, a patient is found whom it seems impossible to feed in this way, owing to the choking and strangling produced. This may be because of some peculiar anatomical conformation, or some special idiosyncrasy on the part of the patient. Such a patient will choke or strangle with nasal feeding when he will not when the stomach-tube is resorted to. If, when the attempt is made to pass the well-oiled tube through the nostril, resistance is encountered, and if, after a few trials, the tube cannot be made to pass, great force should not be employed by the operator, but the tube should be at once with-

drawn and the effort should be made to pass it through the other nostril. In nearly all cases where special resistance is offered on one side, the tube will pass with ease upon the other, and this, in most instances, is because, if hypertrophies or projections exist upon one side, there will be upon the other corresponding or compensating depressions and enlargements. Sometimes, but rarely, the mucous membrane is exceedingly irritable. After the nasal-tube has passed through the nostrils, it seems to have a peculiar tendency in some cases to drop into the glottis, the patient struggling and attempting to scream meanwhile. Some patients will spit or force the tube out into the mouth; and attendants can sometimes through the mouth, keep the tube, which has been passed through the nose, in position. Occasionally the nose is made sore by the use of the tube, but this is not likely to occur if the tube is always perfectly cleaned and well oiled. If it is of the proper kind; that is, a soft tube, there will be no danger of injuring the parts by breaking or perforating the mucous membrane. In using the nasal-tube, great care should be always exercised to see that at least fifteen to sixteen inches of the tube has been passed before beginning the feeding. This will make it certain that the entrance to the windpipe has been passed. Of course care should be taken to observe that the tube has not doubled itself." He would add one remark, namely: Great care should be taken not to administer the food too hot. He knew of one accident occurring in this way.

DR. S. S. SHULTZ, Physician-in-Chief of the State Hospital for the Insane at Danville, Pennsylvania, sent the following letter to Dr. Mills as his contribution to the discussion:

DANVILLE, PA., March 23, 1888.

My dear Doctor:—I give you herewith, as requested by you in your favor of the 17th inst., briefly my views in regard to the forcible feeding of the insane.

1st. Is it ever absolutely necessary to administer food against their will to any class of the insane? Is life prolonged or restoration to reason promoted by such a course of treatment? It must be admitted that this question does not allow a mathematical demonstration either way. It is easy to claim when bodily health is restored or the mind improved under compulsory feeding that this would have happened without such treatment, or when death occurs, or insanity becomes chronic, under the expectant plan that such results were inevitable. In medicine, few problems could be solved by such

a method of reasoning. The majority of patients who come into hospitals, from country districts at least, suffer from impaired nutrition. Until there is improvement in the pasty tongue, the want of appetite, anæmia and emaciation, it is in vain to look for improvement in the symptoms of insanity. Impoverishment of the blood seems to be the condition which gives many of the so-called causes of insanity their importance. These may be incurable, as, for instance, the remains of injuries to the skull, or disease of the heart, and yet if the nutrition can be improved and the blood enriched, the mental disorder often for a time disappears. When the insanity is the result simply of defective nutrition, progress towards permanent restoration keeps pace with the improvement of the blood resulting from better nutrition. If this torpid condition of the nutritive functions is permitted to remain a long time, the irregular mental habits become chronic, and the risk of incurability rapidly increases.

This much to show my deep convictions that poor blood plays an important part in the causation of many cases of insanity, and that the prompt correction of this will give the best chances of recovery. A German writer defending the expectant plan, sees no danger in fasting when it is not prolonged over fourteen days without taking water, not over fifty days when water is taken, nor so long as 60 per cent. of the body weight remains. The practice of such a rule or anything approaching its extremes, it seems to me must lead to the sacrifice, not only of the chances of recovery, but of life itself. It can certainly not be the part of wisdom to allow the boat with its living human freight to drift to the very brink of the cataract, without attempting to arrest it at the beginning of the rapids, where it can be done with so little risk.

Insane patients having organic disease of the digestive apparatus as inflammation of the pharynx, or cancer of the stomach, are likely to refuse food earlier and more persistently, than the sane in similar conditions, and the measures suitable for those whose fasting is the result of delusion, need modification for these. The melancholic who fast from religious or suicidal motives, or the delusion that there is no room for food, or that the passages are closed, most often carry their purpose to a dangerous extent, and thwart persuasion, reasoning, coaxing, no matter how skilfully or persistently plied. No rule based on the element of time of fasting is applicable; but as there has

been usually for weeks an insufficient amount of food taken, it is safe to begin the feeding as soon as the purpose of abstinence has shown itself to be settled, and refusal to yield to other resources, and both bodily and mental symptoms become worse. The more the character of the patient while in health was marked by resolute purpose and stubbornness of will, the less likely is delay to be of any use.

Of course food introduced into the stomach in this mechanical and compulsory manner is of less value than when taken at the prompting of natural hunger, but one must choose the lesser of two evils.

Nutritive enemata may answer for a time when fasting instead of being the result of a fixed purpose has its origin in the loss of the feeling of hunger.

Patients suffering from melancholy no doubt most often require artificial feeding, but other forms of insanity may demand the same treatment. When no physical condition can be detected that would justify abstinence, the forcible administration of food should not be delayed to the point of starvation in any form of disease. When emaciation has surely set in, the breath has become characteristically heavy and foul, and the strength is diminishing, active measures should be no longer postponed, when the will of the patient cannot be persuaded.

With reference to the manner of carrying out the indication, little need be said, as the nasal-tube is now universally preferred to that by the oesophagus. It has the advantage of making resistance less possible; and injury to the teeth and soft parts cannot occur.

It is possible that the tube may enter the larynx through an awkward position or movement of the patient. If the tube is pervious and haste is avoided such a misadventure will be defeated through the restlessness of the patient and the escape of the air through the outer end of the tube.

Very truly yours,

S. S. SHULTZ.

—There is a hospital in Chicago which contains the following article in its constitution:

"All medicines used in the hospital must be prepared without alcohol, and all physicians accepting positions on the medical staff of the hospital or dispensary must pledge themselves not to administer alcohol in any form to any patient in the hospital or dispensary, nor to call in the counsel for such patients any physician who will advise the use of alcohol."

PERISCOPE.

Embolism of Right Axillary Artery Connected with Mitral Stenosis; Gangrene of Forearm.

At a meeting of the Clinical Society of London, January 27, Dr. Burney Yeo related the case of a woman who was admitted under his care into King's College Hospital in December, 1886, with great pain and loss of power in the right hand and arms, which came on suddenly, accompanied with giddiness. The fingers, hand and forearm on the right side rapidly became white, and motion and sensation were completely lost. She had had acute rheumatism, and suffered from dyspnoea on exertion. No pulsation could be felt in the radial, ulnar or brachial arteries in the right side; pulsations could, however, be felt in the subclavian. The cardiac action was rapid and irregular, the impulse and sounds were very feeble. The patient also suffered from cough, dyspnoea and great restlessness. In a few days the forearm became blue and mottled, subsequently black, and dry gangrene set in. Opium was given to allay the severe pain and restlessness, and iron, quinine and digitalis to improve the cardiac tone. As the ventricular contractions improved in force and regularity, a distinct, though feeble murmur could be detected which appeared to precede the impulse. After consultation with Sir Joseph Lister it was determined, as soon as the cardiac tone had sufficiently improved from the administration of digitalis, to amputate. This was done, about the middle of the upper arm, by Sir Joseph Lister, under chloroform, on January 14. The patient recovered well from the operation, but two days afterwards pneumonia with pleuritic exudation occurred on the right side, and she died somewhat suddenly on the 19th. *Post-mortem* examination showed considerable constriction of the mitral valve, and a large, old and firm clot in the left auricular appendage, from which, no doubt, the embolus in the axillary artery proceeded. Hemorrhagic infarctions were found in the right lung, and considerable effusion of serous fluid and lymph in the pleural cavity, and on the surface of the lung. The kidneys also contained old, small white infarctions. Examination of the stump showed the primary clot to be situated just at the beginning of the axillary artery. Dr. Yeo added some comments on this case and its management.—*British Med. Journal*, February 4, 1888.

Normal Course of Puerperal Temperature.

The *Practitioner*, February, 1888, publishes the report of a Committee appointed by the Æsculapian Society to study the normal course of puerperal temperature. The report concludes as follows: The deductions which may be drawn from these investigations seem to be that in a large number of cases, as we should expect would be the case in a purely physiological act, labor and the lying-in period are free from any marked fever; but that at the same time the whole system, and especially the mental system, is in a state in which it is very ready to receive impressions from without, and that any reflex irritation or any mental excitement causes a rise in the temperature which may be most marked, but which ceases on the removal of the cause.

Photoxylene in Surgical Practice.

Von Wahl (*St. Petersburger med. Wochenschrift*, No. 20, 1887), says that a five per cent. solution of photoxylene, in equal parts of alcohol and ether, can be differentiated from collodium by the following properties: 1. Persistent firm adhesiveness to the skin. 2. Absolute imperviousness to fluids. 3. Uniform compression of the tissues.

Photoxylene is suitable for: 1. Minor operations among walking patients. 2. Plastic operations upon the face and in the neighborhood of the male genitalia. Over wounds closed with sutures there is placed a thin layer of absorbent cotton saturated with photoxylene. In children, where the soaking of the dressing is not to be avoided, this painting proves a sure antiseptic protective. 3. For laparotomy, any further dressing of sutured wounds is superfluous, and the belly-wound is secured in the best manner. — *Deutsche med. Wochenschrift*, Dec. 8, 1887.

Case of Chronic Sulphur Poisoning.

In the *Berliner klin. Wochenschrift*, No. 42, 1887, Eichbaum reports the case of a man 37 years old, who has been using continuously for eight years a sulphur ointment on his scalp, which was affected with a very copious formation of scales. The pomade was employed every second day, and about three and a half ounces are supposed to have been used. The symptoms began with a feeling of stiffness in the neck; the face was pale, and the brow covered with sweat. Both pupils were dilated, and did not react either to light or to an irritation of the skin; the tongue was somewhat tremulous. The head was drawn

a little to the right and behind, and the muscles of the right half of the neck, especially the superficial muscles, felt specially hard and tense. By the exercise of repeated powerful movements of the head, the rigidity gradually yielded. The patient complained of pain in the back part of the head, of a disposition to vomit, and oppression in the chest, and slight tenderness upon pressure in the epigastrium. The pulse was 124, and very small; respiration 16. After a rather restless night his condition improved. It was ascertained that the patient had suffered from headaches before, which were subject to exacerbations at irregular intervals. An attack similar to the one just described had occurred some weeks before. Eichbaum supposes that the patient was poisoned with sulphuretted hydrogen, as under the influence of fat and heat a decomposition of the ointment takes place, with the formation of sulphuretted hydrogen. The latter he supposes entered the body in part through the scalp, and in part through the lungs.

The patient was advised to discontinue the use of the ointment entirely, and to take a course of warm baths, abundant exercise in the fresh air, and the like. The symptoms of the disease gradually subsided, and in about four weeks there was no sign of the disease to be seen.

Phosphorus in Typhoid Fever.

Aycart writes to the *Revista de Sanidad militar.*, July, 1887, recommending phosphorus both as a tonic and as a stimulant. He employs an ethereal solution containing one-third of a grain of phosphorus to one fluid drachm of the vehicle, and prescribes this dose in two parts, taken daily in a glass of Malaga wine. In two cases in which he has used it, he has obtained, he says, satisfactory results. The first case was characterized by an irregular fever, and by delirium and collapse. In this condition, phosphorus within two hours brought about regularity of the pulse, sleep, return of consciousness, and finally, in a few days, the normal course of the disease. The second case is that of a patient in whom stupor was extreme, the fever high, and the course of the disease irregular. Toward the fourteenth day, the temperature suddenly fell 3.8°, and fatal collapse threatened. Aycart then prescribed phosphorus. Several hours afterwards, the threatening symptoms had disappeared; the next day the patient began to improve steadily, and then became convalescent. He recovered. — *Gazette Hebdomadaire*, January 13, 1888.

Tubercular Disease of the Testis as a Local Affection; Desirability of Early Castration in Certain Cases.

The basis of this paper, which was read at a meeting of the Royal Medical and Chirurgical Society, Jan. 24, 1888, was a record of five cases of tubercular disease of the testis which came under the notice of Mr. Wm. H. Bennett amongst his out-patients at St. George's Hospital. The cases were selected with great care from a considerable number of patients suffering from this disease, as they possessed the following important characteristics in common: 1. An absolutely perfect family history, and an entire absence of evidence of privation, excess, or other conditions predisposing to the development of tubercular disease. 2. A perfectly clean bill of health up to the time of the onset of the disease in the testicle. In this respect exception might perhaps be taken to the case of patient No. 5, who had suffered from syphilis twenty-three years previously, but had never been troubled by any symptoms since. 3. The cause of the original inflammation in the scrotal contents was due in all the cases to direct local irritation, traumatic in four, gonorrhoeal in one. 4. In each case the spinal column showed evidence of disease before the opposite testis, epididymis, either seminal vesicle, or other parts in the immediate neighborhood of the testis originally involved. The spinal disease was so insidious that, with the exception of case No. 3, in which it was discovered accidentally, its existence was not suspected by the patient. 5. In none of the cases did the affection manifest itself in other parts until after the original disease had broken down. These points were fully discussed, and the following propositions submitted: *a.* Inflammation of the testicle or epididymis, the consequence of injury or direct irritation, might result in tubercular disease of a purely local kind, which if left to itself, tended surely to generalization. *b.* The greatest tendency to general infection was at a time subsequent to the breaking down of the original disease. *c.* Parts remote from the testis originally involved might be affected before the opposite testicle, epididymis, or either seminal vesicle. *d.* The rational treatment of cases like those under discussion was castration, upon the appearance of disintegration about the original disease—that is, at the commencement of what the author termed, for reasons stated, the “dangerous period.” Mr. Bennet subsequently explained that he had not meant to

imply that what he described was the common course of tubercular disease of the testis, but merely what had actually happened in 5 cases out of about 150, from which he thought there was something to be learnt as to the method of diffusion and the mode of arresting it. The symptoms referred to the spine were beyond what could be caused by inflamed glands. In one case there was carious bone shown at a *post-mortem* examination; in another the spinal curvature was half as large as his fist; in a third the stiffness extended up to the upper dorsal region; in a fourth the spinal symptoms had improved, but relapsed, with spread of the disease to the other testis. Mr. Clutton's case was dissimilar in having a nodule in the cord, whereas his own point had been to advise operation before the formation of a nodule in the cord. It certainly needed some practice on the living and the dead to acquire a thorough practical knowledge of the condition of the vesiculæ seminales and the prostate in health and disease, and he had ventured to bring this subject before the Society as raising the question of the method of diffusion of local tubercule and the opportunities of stopping it.—*Brit. Med. Journal*, January 28, 1888.

Management of Children's Teeth.

Professor Miller, of Berlin, in an article on the milk teeth, published in the *Therapeutische Monatsschrift*, No. 2, 1888, points out the evil effects on the teeth of sugar and other substances which undergo fermentative changes. A child, he says, is constantly eating sugar and substances containing it, and though the particles of food are more likely to get between the teeth and set up caries than in the case of grown persons, children never, or at least very rarely, have their teeth cleaned. He would insist upon proper cleaning twice daily, a very soft brush and a weak disinfecting dentifrice being employed for the purpose. Sweetmeats should be entirely prohibited or their use very carefully supervised. Barley sugar he does not consider so injurious as chocolate and soft clammy sweets, because the former is more soluble. It should be remembered, too, that starchy substances soon become converted into grape sugar. Prof. Miller suggests that after a child has eaten the barley sugar, its mouth should be washed with water. All decayed teeth should be filled at once, even in the case of children under three years of age. All children's teeth should be attended to from the very beginning.—*Lancet*, February 11, 1888.

Case in which there were Numerous Fractures at Birth.

In the *Archiv für Gynäkologie*, Bd. xxx, Heft 2, Dr. Paul Linck reports a case in which there were numerous fractures of intra-uterine origin. The foetus was expelled in the membranes spontaneously in the thirty-second week of gestation, and died of asthenia 27½ hours after birth. The mother was a primipara, 22 years old. In the left thorax there were about forty, in the right about forty-four fractures. The fractures were in part united with callus. The sternal ends of the ribs were not abnormal. The upper and lower extremities showed ten fractures, of which six were recent, and were without formation of callus; four were older, and in different stages of healing.

Syphilis and rachitis are, he says, positively excluded in this case. A microscopic examination disclosed a deficient calcification of the bone tissue, so the author thinks that the pronounced changes which were present in this case are to be referred to an unknown intra-uterine disease of the bones, with at times softness and fragility of the bone substance. In this softened condition of the bones pressure upon the parts of the child or some movement of its own are, in the author's opinion, the immediate causes of the fractures.

Abortive Cervical Hypertrophic Pachymeningitis.

In a communication to the *Deutsche med. Wochenschrift*, No. 26, 1887, E. Remak states that in a boy 13 years old, motor disturbances of both hands suddenly occurred. There existed bilateral *main-en-griffe*: the proximal phalanges were in a position of hyperextension, the distal bent, the fingers, in a position of dorsal flexion (*main-en-prédicteur*, of Charcot). The median and ulnar nerves in the upper and forearm reacted normally to the electric current, but their palmar extensions reacted badly. The direct muscular excitability was diminished. Besides these symptoms, there were reactions of degeneration, and subjective and objective disturbances in sensibility on the part of the hands. There existed, therefore, a degenerative atrophic paresis of both upper extremities. In addition, a slight spastic paresis of the lower extremities could be demonstrated. Iodide of potash and treatment with the galvanic current brought about nearly complete recovery within two months. The neighborhood of the first to the third thoracic vertebræ was very sensitive. In view of the favorable course of the case, Remak excludes a tumor as the cause, and thinks that the trouble con-

sisted in mild grade of cervical pachymeningitis.—*Centralblatt f. d. med. Wissensch.*, January 14, 1888.

Resorcin in the Local Treatment of Acne.

At a meeting of the Medical Society of the County of New York, Dr. G. H. Fox read a paper on this subject. There were many drugs, he said, used in the local treatment of acne, but he would confine his remarks to the one which in his hands had afforded the best results. It should be stated at the outset that there were very few cases of acne in which local treatment alone would effect a cure. In certain cases ordinary stimulating local treatment was worse than useless. From a therapeutic standpoint all cases of acne might be divided into two varieties, the indolent and the irritable. In the indolent variety, which included about half the cases, there was a doughy, thick skin covered with projecting comedones, papules and pustules. One could in these cases press out the contents of the distended glands without doing any injury to the skin. These were the cases which were benefitted by local treatment. On the other hand, there was perhaps an equal number of cases in which the glands were normal, the lesions being chiefly of a vascular character, with a few red blotches scattered over the face, and a marked tendency of the face to flush after eating and excitement. There were a few comedones, and any attempt to press them out would make the face look a great deal worse. The skin was thin and sensitive. In this class of cases local treatment would not effect a cure, and was apt to make the condition worse; we had to depend upon tonic and hygienic measures. But in the indolent class of cases, in which there was little acute inflammation of the skin, we could use some strong stimulating local treatment to advantage. The sulphur and mercurial ointments and lotions did a certain amount of good, but he thought the treatment with green soap infinitely superior. The chrysarobin treatment, as suggested by Dr. Metcalf, was certainly efficacious, but in his opinion the objections to it more than counterbalanced the objections to the disease. Resorcin he had found equally curative and free from the objectionable qualities of chrysarobin. Resorcin could be applied as a lotion or as an ointment. It caused a low grade of inflammation. Like carbolic acid, it was a mild caustic. Its application was followed by death and exfoliation of the thick epidermis, leaving a thin, healthy skin.—*N. Y. Med. Journal*, March 10, 1888.

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CASTRATION AS A CURE FOR CRIME.

In a paper read before the Cincinnati Academy of Medicine, February 27, 1888, DR. ORPHEUS EVERTS discusses with much force the advisability of what he calls "Asexualization as a Penalty for Crime." From this paper it appears that by this he means the removal of the testicles or ovaries of criminals convicted of offences recognized as likely to be repeated by their offspring. The proposition, in this country, to castrate men convicted of rape is credited to Prof. Agnew, of Philadelphia; but, as Dr. Everts states, the idea is not unlike that said to have been put in practice upon the priest Abelard for having seduced the famous Heloise. This, however, was an act of vengeance, and very different from such an act of judicial protection to society as is contemplated by those who favor castration as a punishment for rape. For in this case the object is not merely to punish the offender and to deter others from imitating his misdeed, but also to prevent him from repeating a crime of which he has shown himself capable. We doubt that it is generally intended, by those who favor

it, to be a means of preventing the propagation of men with a predilection for rape.

But Dr. Everts goes much further, and boldly proposes castration as a remedy for crime in general, because it will hinder the begetting or conception of children to inherit the vicious inclinations of their parents. This is, indeed, a heroic proposition; and, while it has much to recommend it to the good opinion of thoughtful men, we cannot think that the time is ripe for its adoption. The argument in its favor by Dr. Everts is strong and deserving of careful consideration; but we think that he overlooks a very important point in the matter. This is that it would be almost, if not quite, impossible to apply the penalty of castration in a way which would commend its use to prudent men.

If it were proposed only for rape and murder, the difficulty would not be so great; because after conviction by due process of law and the lapse of a reasonable time, the infliction of castration would not appear to be a cruel or inhuman punishment. But, in any case, there would be the possibility of an unjust infliction of a very severe and irreparable injury, and—in the case of rape—of driving one who had committed one crime to the commission of another by way of retaliation. For other crimes than rape or murder, we do not believe the community would ever consent to the penalty of castration; because the determination of the individuals to which it was applicable would of necessity rest with medical men, to whom the courts have no disposition to commit their judicial functions. We cannot imagine, and would not advocate, the substitution of any board of medical experts for the organization now provided by law for the determination of the gravity of offenses against the persons or property of the citizens of the United States; and we cannot see how the penalty of castration could be inflicted for any crimes except rape or murder, without the intervention of a set of experts in psychology for whom there is no public desire, and in whom there would be no universal confidence. For this reason we regard the

proposition of Dr. Everts as chimerical, although we think that much might be said in its favor if it were restricted to the two crimes we have mentioned. For rape, we believe castration would be a fit penalty, and we would hope it might prove an efficient one; for murder, it might be adequate, although we have our doubts about this. We do not think it would be an improper penalty for either offense; and would not regret to see its merits tested for awhile at least.

BACTERIOLOGY.

There is a feeling on the part of a certain number of conservative medical men that what is generally known as bacteriology, or the germ-theory of disease, is just now being pushed a little too vigorously by its advocates. We have some sympathy with this feeling, and do not hesitate to say that—like most comparatively new theories—this one has led to exaggerations and even to serious scientific mistakes. But on the other hand we think that a fair respect for gradually accumulating evidence compels the admission that the study of bacteriology has passed beyond the tentative stage, and that it now rests upon a secure and perfectly reasonable basis. This being the case, it is a mistake to scoff at it, or to pass it by with one's ears stopped. It may be that it has unwise and too enthusiastic supporters; but it cannot be denied that it also counts among its supporters a large number of the most earnest, most intelligent and most conscientious students of medical science. It is a factor of the utmost importance in this science at the present time, and ought to be fairly considered by all who are not governed solely by prejudice.

For this reason, it is with some regret that we note the fact that a recent investigation by *Science* demonstrates that a considerable number of medical schools in the United States treat the study of bacteriology with neglect, and some of them even with scorn. Our own position of reserve in regard to certain claims of the bacteriologists makes it fitting that we should ask for them more unprejudiced treatment than they sometimes receive, and that we should call the attention

of our readers to the fact that there will be no better way to restrain actual excesses of belief than to coöperate with those whose faith is more unquestioning, in the endeavor to determine the true limits and possibilities of this fascinating study. No good end can be served by simply denying what they assert, and much good may be lost by standing still and saying that it will not amount to much after all. The indications are that before long those who refuse to believe what is reasonable about germs, and the germ-theory, will be either left behind or overwhelmed by the advance of medical science; and we believe that no medical school can afford—for its own sake, or for the sake of science—to neglect the study of bacteriology. Such study may confirm, or it may refute the claims of the so-called bacteriologists; but it is a necessity of the time, and absolutely indispensable to a correct decision as to the exact position to be accorded to this vigorous progeny of modern methods of medical study.

DANGERS OF WATER-GAS.

The College of Physicians of Philadelphia has again exercised one of the most important functions for which it was originally established, and which it so recently exercised in connection with the subject of cholera and National Quarantine Regulations. A proposition being entertained by the municipal authorities of Philadelphia to introduce water-gas for lighting purposes, the College of Physicians appointed a Commission to investigate the scientific and sanitary features of the subject, and on its recommendation has addressed a communication to the Mayor of Philadelphia, in which the dangerous nature of this gas is described, and certain precautions to be used in its distribution and consumption are suggested.

The recommendations of the College of Physicians are entitled to the highest respect, and there can be no doubt, after reading the findings of its Commission, that water-gas is a dangerous compound, and one not to be used except with great care. It may be that the manufacturers of this gas can suggest a way in which its dangers can be avoided, so

that its comparative cheapness may be utilized. Until this is done, however, ordinary prudence would seem to dictate that some other kind of illuminant be chosen for use.

A TRIBULATION OF THE PRACTICE OF DENTISTRY.

In a recent number of the *REPORTER* we spoke of the appreciation usually enjoyed by medical men in this country, and it is with some regret that we note that so much cannot be said about our brethren of the dental persuasion. It is reported that a dentist of Jersey City has been sued for damages by a woman who grounded her action upon the allegation that he supplied her with a set of false teeth of such poor quality and workmanship that mastication is impossible, and that her digestion has thereby been ruined.

It is painful to reflect upon the unwillingness which dentists will feel to exercise the cosmetic functions of their calling, if this woman wins her suit. To expect a dentist to insure perennial strength of digestion with every set of false teeth, is asking a little too much. It might happen that a woman whose natural teeth were so poor that she would choose rather to have them—or their wrecks—extracted, and to rely upon such substitutes as human skill can construct, would have an inherent tendency to disorders of other portions of her alimentary apparatus, and then the luckless dentist might be blamed because he did not furnish a sound stomach with each set of masticators. It might happen, we say; because medical men have conceived the possibility that miserable teeth may be anything but the outward and visible sign of an inward and spiritual grace.

This being the case, we trust the community may not get into the way of thinking that dentists can supply all the defects imposed by a relentless Providence, or acquired by careless or ignorant human beings. We have no desire to come between an unworthy man and a justly incensed woman, but, as the courts are said to exist for the especial protection of the weak, we trust that when any unfortunate man—dentist or doctor—is charged with malpractice he may not be convicted because any very simple dictate of

common sense has been overlooked in judging his apparent delinquency.

MEDICAL "ENGLISH AS SHE IS WROTE."

In a report of the French Congress of Surgeons in Paris, received by the *REPORTER* within a few days, there are many amusing passages, among which are the following: M. Thiriar, is made to say, of the operation of resection of the ribs: "After having tried all the processes, I am now making my costal amputation by means of a single transversal incision. I can easily take away seven or eight ribs, and I usually obtain a joint at the first attempt."

M. Delorme, is reported as speaking of certain defects of the operation, and adding "But it would be quite otherwise if to the osseous resection were added the vertical section of the inner side in the whole height of the cavity and a compress made of the carneous shreds to bring them into contact with the opposite inner side. If the cavity were extended even beyond the limits of resection, the lateral orifices could be obliterated, and if necessary the inner side compressed and fixed in this position with catgut."

M. Lannelongue is credited with the startling announcement that as early as the 31st of May, 1887, he had "pointed out the multifarious origins of sub-phrenic or epi-hepatic abscesses, and recommended according to their location, either by the simple opening of the inner side of the belly, or the resection of the abdominal portion of the thorax, including the lower edge."

These examples of "English as she is wrote" are too delicious to be allowed to pass into oblivion, and deserve to be placed on record together with those others in ordinary English which have of late afforded so much amusement to American readers. They do not disclose peculiar ignorance on the part of the French writer, but rather the pit-falls which lie in the way of one who makes a venture in a foreign tongue, with that treacherous guide—the dictionary. The errors are not only very interesting in themselves, but also on account of the philological questions which they suggest, and it will afford not

only amusement, but instruction as well, to trace the way in which some of the most striking and ludicrous of them have crept into this report.

FORCIBLE FEEDING OF THE INSANE.

In an editorial of the *REPORTER*, March 10, 1888, we called attention to a recent paper by Rader upon the subject of forcible feeding of the insane. In this editorial we spoke with approval of the views expressed by Rader, and pointed out some of the apparent dangers of this method, as well as the fact that it might be resorted to when it was by no means necessary.

Our editorial attracted the attention of the Philadelphia Neurological Society, and it took the subject up for discussion at its meeting, March 26, 1888. In this number we publish in full so much of the proceedings of that meeting as refer to the forcible feeding of the insane. From the report which we give, it will be seen that the general sentiment of those who spoke was that the dangers of forcible feeding of the insane are not so real or so great as to counterbalance its advantages. This is not exactly the view expressed in our editorial; but it is one entitled to the greatest respect. Certainly when a number of men who have made insanity a special study declare plainly in favor of what a single expert deprecates, the presumption is that they are right; and the *REPORTER*, under the circumstances, may adopt the language of Sir Thomas Browne in regard to his *Religio Medici*, of which he says: "Lastly, all that is contained therein is in submission unto maturer discernments; and, as I have declared, shall no further father them than the best and learned judgments shall authorize them."

NEW USE FOR A STATE BOARD OF HEALTH.

In one of the passenger railway lines of Philadelphia we have observed an advertising sign which states that "The Pennsylvania State Board of Health gives the highest endorsement for purity to Germania bottled beer." We think there must be some mistake about this.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the *REPORTER*.]

UEBER DIE LEFRA IN DEN OSTSEE-PROVINZEN (ON LEPROSY IN THE BALTIC PROVINCES). I. FLUGBLATT. 8vo, pp. 16. Dorpat, 1887. Printed by K. A. Hermann.

This little brochure has been prepared by Prof. von Wahl, of Dorpat, as a means of furnishing information to the proper persons in Russia in regard to the subject of leprosy, and in order to stimulate co-operation in the work of gathering further information. One of the most important points discussed is that of the infectious and contagious nature of leprosy. This is thoroughly believed in by Prof. von Wahl, who thinks, however, that the disease is contagious only when the lepra-bacillus is liberated from the body which bears it by an ulcerative process. His paper is illustrated with three beautiful photographs, showing one patient with tuberculous leprosy, and two with macular or anæsthetic leprosy.

EIN STUDIE ÜBER DIE LEFRA IN DEN OSTSEEPROVINZEN, MIT BESONDERER BERÜCKSICHTIGUNG IHRER VERBREITUNG UND AETIOLOGIE. Von PETER HELLAT, Inaugural Dissertation. 8vo, pp. 103. Dorpat: K. A. Hermann's Buch- und Noten-Druckerei, 1887.

This interesting thesis, which contains a map and two engravings of microscopic sections of the skin in a case of leprosy, was prepared under the supervision of Prof. von Wahl, who has taken a great interest in the subject. Dr. Hellat's monograph is one which is calculated to be of great service to all students of leprosy, and especially to those who are interested in its history and developments in the Baltic provinces of Russia. It contains a very thorough study of the subject, and the illustrations contribute very materially to its worth.

THIRD ANNUAL REPORT OF THE MANAGERS AND SUPERINTENDENT OF THE NORTH TEXAS HOSPITAL FOR THE INSANE, AT FERRELL, FOR THE YEAR ENDING OCTOBER 31, 1887. Austin: State Printing Office. 26 pages.

The report of the North Texas Hospital for the Insane, it is interesting to note, does not call the institution an "insane hospital." In keeping with this example of correct expression, we find the contents of the report marked by many evidences of good sense. This one contains, among other things, an account of the findings of a number of autopsies— which, the report states, are made in all cases in which the bodies are not claimed for burial—and an account of the efforts made to secure a good library for the inmates of the hospital. On the whole, the managers and superintendent are to be congratulated on the evidence furnished by their report that the hospital under their care is governed according to the best principles of humanity and science.

PAPERS READ BEFORE THE LANCASTER CITY AND COUNTY MEDICAL SOCIETY, AUGUST, 1885—MARCH, 1888. 8vo, paper, pp. 55. Printed by the Society.

It was a good idea for the Lancaster Medical Society to gather into one volume eight of the papers

read before it during the last three years; and the friends of the Society will share the pleasure with which it must regard the products of the brain of its members. One of the most interesting essays in the book before us is that of Dr. John T. Carpenter, who, under the title "Some Things that I have Learned in Medicine," gives an entertaining and instructive account of the changes which have taken place in medical thought during his lifetime. In addition to this, there are here three reports on surgery by Dr. Alex. Craig and Dr. S. B. Foreman, a paper on Salicylic Acid in the Treatment of Rheumatism, by Dr. J. H. Musser, now of Philadelphia, but a Lancaster county man by birth; a paper on Preventive Medicine, by Dr. D. B. Weaver; a Report on the Practice of Medicine, by Dr. A. M. Miller; a Report on Obstetrics, by Dr. M. W. Hurst and Dr. J. H. Musser; a paper on Two Interesting Cases of Eye Disease, by Dr. D. B. Weaver; and one on Ileo-Colitis, by Dr. G. W. Berntheizel. The whole is very interesting reading and very creditable to the Society from which it emanates.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1887. 8vo, paper, pp. 132. Rochester, N. Y.: published by the Society, 1887.

The most striking feature of this volume of transactions is the fact that it is very hard to find any homœopathy in it. A large number of the papers are upon surgical and obstetrical subjects, and several of them are upon the treatment of insanity. In one of the latter, Dr. David A. Gorton describes a case of melancholia which he treated with mercury in doses of a quarter of a grain every four hours for three days; and this good old-school dosage called forth no protest. It is a pity that so much that is excellent as is displayed in this volume should not have found a place under the flag of the regular school of medicine, where it rightfully belongs, instead of under that of homœopathy, which has no claim upon it whatever.

PAMPHLET NOTICES.

[Any Reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and enclosing a postage stamp.]

THE MEDICAL JURISPRUDENCE OF INEBRIETY. BY JOSEPH PARRISH, M.D., Burlington, N. J. From the *Journal of Inebriety*, January, 1888. 7 pp.

AN ADDRESS DELIVERED BEFORE THE CORPORATION OF THE WASHINGTONIAN HOME, BOSTON, MASS., ON ITS THIRTIETH ANNIVERSARY, FEBRUARY 20, 1888. BY T. D. CROTHERS, M.D., of Hartford, Conn. 18 pp.

BIOGRAPHICAL SKETCH OF DR. AUSTIN FLINT. BY J. M. DA COSTA, M.D., LL.D. From the *Transactions of the College of Physicians of Philadelphia*. Third Series Volume IX. 10 pp.

L'ANTIPIRYNE: SON ACTION SUR LA NUTRITION; SES INDICATIONS GÉNÉRALES. PAR ALBERT ROBIN, Membre de l'Académie de Médecine, etc. From the *Bulletin de l'Académie de Médecine*, December 6, 1887. 27 pages.

TRAITEMENT DES FIÈVRES ET DES ÉTATS TYPHOÏDES PAR LA MÉTHODE OXYDANTE ET ÉLIMINATRICE. PAR ALBERT ROBIN, Membre de l'Académie de Médecine, etc. From the *Archives Générales de Médecine*, January, 1888. 38 pp.

—Dr. Parrish's pamphlet contains a brief but earnest argument in support of the theory that inebriety is often a manifestation of mental disease, and not of moral infirmity. He uses the inexact expression, "Inebriety the Disease," which is partly responsible for the misunderstanding of the position held by those who share his views, on the part of those who think they are both erroneous and harmful. Men like Dr. Parrish, who have made a special study of the phenomena of intemperance in the use of alcoholic stimulants, ought to know more about it than those to whom it is but an occasional object of study; and—without admitting the soundness of their opinions when pushed to the extremes to which they are sometimes pushed—it must be acknowledged that there is a great deal of force in what they say, and that it deserves at least respectful consideration.

—Dr. Crothers' address gives a very interesting and ably written history of the Washingtonian Home, and incidentally of certain features of the temperance movements in this country since 1859. In addition to this, it contains a very good summary of the steps by which the study of inebriety has come to be so largely one of mental disorders. Dr. Crothers goes back to the ancient records of Egypt and Greece to show that, long before the Christian era, the abuse of alcoholic stimulants was regarded as an evidence of bodily and mental disease, and traces the progress of this opinion in America from the time when, in 1790, Dr. Benjamin Rush, of Philadelphia, discussed it, until the present day. Incidentally, he also makes a plea for a more general acceptance of this opinion, which he believes furnishes the only scientific basis for curing the evils of intemperance.

—Dr. Da Costa's sketch of the life of Dr. Austin Flint is a graceful and elegant tribute to the memory of one of the most eminent medical men and medical teachers of this century. Its brevity is not the least of its merits, and it furnishes an example worth imitating of the way in which a tempting subject may be handled without diffuseness or prolixity.

—Prof. Robin's paper on antipyrine contains the most complete and scientific discussion of the physiological effects of this drug which we have seen. The results of his labors, the full details of which are given here, indicate that antipyrine is to be considered rather as a nerve than as a drug to be used to reduce temperature; and that its best effects are to be expected when it is administered to control nervous excitation and to diminish pain. On the other hand, Prof. Robin shows that antipyrine diminishes the process of oxidation in disintegrated tissues, and ought not to be used in the treatment of diseases in which this process is to be favored. Finally, he describes the antiseptic properties of antipyrine, even when administered in small doses. The whole paper is one of extreme interest and value, not only for what it teaches in regard to the uses of this particular drug, but also as an example of the way in which the effects of any drug may be profitably studied.

—We have already, in an Editorial in the REPORTER, February, 25, 1888, called attention to the principles laid down in this admirable paper of Prof. Robin as those which ought to guide the practitioner in the treatment of fevers and typhoid conditions.

As we then stated, he believes, and we think demonstrates, that fevers, and especially typhoid fevers, are to be treated by some method which facilitates or promotes the process of oxidation in the tissues, and of the elimination of the products of retrograde metamorphosis. The argument of Prof. Robin is founded upon careful chemical analysis and clinical observation, and may be strongly recommended to the attention of medical men, and especially of medical teachers.

NOTES AND COMMENTS.

Contribution to the Etiology of Congenital Syphilis.

In addition to the intrinsic importance of the subject, the question of congenital or hereditary syphilis is one that possesses great interest to the student, because of the many uncertainties connected with it. Syphilographers are now very generally agreed that a syphilitic woman may beget a syphilitic child without infecting her husband, and some believe that a man who is a sufferer from the disease in its later stages may beget a syphilitic child while the mother escapes infection. Although there is little doubt concerning the first of these points, there is, nevertheless, much dispute as to the time at which the child becomes infected. It was formerly held that a woman who did not acquire the disease before the seventh month of gestation would give birth to a healthy child. Chaballier has reported a case in which a woman became infected sixty-three days before the birth of a syphilitic child. But an instance is now related by Dr. F. Sorrentino, in *La Riforma Medica* of December 23, 1887, in which the date of infection was but fifty-two days before delivery.

A woman, 26 years of age, of sound general health, had been married at the age of 20 to a coffee-house keeper, by whom she had had two healthy children born at term. In May, 1886, her husband left her, when she was two months pregnant, and went to Marseilles on business. He returned home on November 14, and had intercourse with his wife at that time, infecting her with a syphilis which he had contracted during his absence. Fifteen days after the primary sore was noticed an extensive roseola appeared, which was treated energetically by subcutaneous injections of mercuric chloride. The child was born on January 5, fifty-two days after the mother's infection. It seemed at first to be healthy, but soon manifested the symptoms of hereditary syphilis. There was no sore about the lips, mouth, or pharynx to suggest the possibility of infection from the mother post-partum.

This case, if all sources of error can be excluded, would appear to demonstrate conclusively that a woman may give birth to a syphilitic child when her disease is contracted later than the seventh month of gestation.—*Medical Record*, March 22, 1888.

A Perfect Insect Powder.

Under the name *Poudre insecticide perfectionnée* a new and very efficacious insect powder has been introduced into the European drug trade. It consists simply of pyrethrum flowers to every 100 parts of which by weight, 1 part of naphthalin has been added. The naphthalin must be in very fine powder and intimately mixed with the pyrethrum. As a great deal of insect powder (in bulk) now found in the market is scarcely worthy of the name, we would suggest that our readers may avail themselves of the information here given, and convert such stock, if they chance to have any of it on hand, into a valuable and rapidly-selling article. A specimen of a powder sold by an itinerant vender to a restaurant-keeper in this city a short time ago, and found to be very efficacious against roaches especially, was on examination by the writer found to consist of pyrethrum mixed with borax in exceedingly fine powder. Borax alone is an excellent blatticide.—*National Druggist*, March, 1888.

Antipyrin as a Hæmostatic.

Dr. W. M. Powell, in a communication to *Daniel's Texas Medical Journal*, March, 1888, says that he was sent for in haste to see a woman who had a frightful hemorrhage from a sore leg which had been struck, and when he arrived he found her nearly exhausted. A four per cent. solution of antipyrin was applied, and he had the satisfaction of seeing the bleeding quickly checked. A light compress and bandage was then applied, and the extremities elevated on pillows in bed. No more hemorrhage occurred.

A few days later he operated on a boy seven years old for phimosis, removing nearly one inch of the prepuce; the hemorrhage was profuse. Before removing the clamp forceps he applied a four per cent. solution of antipyrin, and also immediately after removing them. All bleeding was promptly arrested and mucous membrane and foreskin were neatly brought together with numerous stitches without the least annoyance from further hemorrhage. A simple water dressing completed the operation, and on redressing, the following day, he says he does not think he ever saw a cleaner, nicer wound.

Jaborandi in Hiccough.

In a case of obstinate hiccough which continued day and night and brought the patient fearfully low, all possible means—bromide of potash, morphine, belladonna, galvanism, pressure upon the trunk of the vagus and phrenic—were employed without relief. Kütke, however, secured prompt success from a decoction of jaborandi, 8 parts to 180. The hiccough did not recur.—*Nederlandische Tijdschrift voor Geneeskunde*.

Antifebrin in Hemiplegia.

Ott (*Prager med. Wochenschrift*, No. 47, 1887), has found that antifebrin exerts an extremely prompt action in hemiplegia, even in obstinate and old cases. He gives seven and one-half grains at the beginning of the attack. The result is said to be admirable. The drug also did good service in a woman suffering from trigeminal and occipital neuralgia, with dysmenorrhœa.

Human Electricity.

A hemi-anæsthetic, hysterical woman, says the *Lancet*, February 11, 1888, was shown at a recent meeting of the Société de Biologie, from whom M. Féré could, under certain circumstances, disengage at the surface of the body luminous tufts, one-sixth of an inch long. The son of this woman, likewise hysterical, presented the same peculiarity. In both the skin was remarkably dry. These phenomena could be easily augmented by provoking sensorial excitations. Such phenomena are known more commonly in certain hot and dry tropical climates.

Injections of Quinine in Gonorrhœa and Cystitis.

Dr. Frank L. James says that after reading in the *Indian Medical Gazette*, a number of years ago, a clinical note by a native surgeon in the British East Indian Service on injections of quinine in the early treatment of gonorrhœa, he tried the formula there recommended. He found it extremely painful, the quinine being dissolved in an acid mixture. He then tried the following formula:

R Quininæ sulphatis.....3ss
Morphinæ sulphatis.....gr. viii
Mucilaginis acaciæ.....f3iss
Aquæ q. s. ad.....f3viii
M. Fiat mistura.

He found this "cooling and soothing" when injected into the urethra in quantities of half an ounce. The first patient upon whom it was tried got well with great rapidity. Since that time he has used the remedy many

hundred times and while sometimes duplicating his first success, and sometimes failing utterly with it, he says that in about sixty (60) per cent. of all the cases in which it was faithfully used in the earlier stages of the disease, it brought about a rapid and almost painless recovery. Subsequent experience has taught him that when used in the latter stages it was rarely of any service.

He also states that the results of intravesical injections by gravity have been very gratifying both in acute and chronic cystitis, in old gleet and even in prostatic troubles.

In the treatment of acute blenorrhœas with the quinine mixture, he usually advises the patient to inject a half syringe of before urinating, and if there be much ardor urinæ to immerse the parts in water as hot as he can bear it; to urinate in the hot water, and after urination again to inject the quinine mixture. For chordee he says he finds nothing to equal veratrum viride, twenty minims of the tincture to be taken on retiring.—*St. Louis Med. and Surg. Journal*, April, 1888.

Paraldehyde Mixture.

Schmitt recommends (*Rundschau, Prag*) the following very expeditious way of making a mixture of this substance: 20 parts of paraldehyde are vigorously shaken in a bottle with 30 parts of syrup and 60 parts of mucilage, and then at once 90 parts of water are added, shaking again. If the quantity of water does not greatly exceed 90 parts, the paraldehyde will remain suspended.—*Druggists Circular*, April, 1888.

Creasote in Phthisis.

Dr. Peter Kaatzer, of Rehburg, strongly recommends, in the *Berliner klinische Wochenschrift*, March 12, 1888, the administration of creasote in the treatment of phthisis. After trying various formulæ he has settled upon the following as the best:

R Creasoti purissimi.....2 parts
Alcoholis.....30 "
Tr. gentianæ,
Ext. caffèæ.....ââ. 10 "
Aquæ destillatæ.....100"

M. Sig.—Shake well and take a tablespoonful in half a glass of milk twice daily.

Cocaine in Dilatation of the Cervix for Dysmenorrhœa.

Dr. M. F. Birdsong, in a communication to *Daniel's Texas Medical Journal*, March, 1888, says that in a young married woman, 20 years old, who had menstruated first when

13 years old, he had occasion to dilate the cervix for painful menstruation. The cervix was long and slender, with pinhole os; nothing else abnormal was discovered. As she was opposed to taking chloroform, he proposed to use cocaine as a substitute, to which she consented. He used the following solution:

Cocaine hydrochlorate.....gr. x.
Water.....℥ x.
Liquid vaseline.....f 3 iv.
M.

Two slender whale-bone probangs were wrapped with absorbent cotton, and the cotton saturated with the solution. One of them was introduced fully into the uterus and left *in situ*. Absorbent cotton was saturated with the solution and packed around the vaginal portion of the cervix and allowed to remain for fifteen minutes, when it was all removed and another application, as above, was used, and allowed to remain the same time, when it also was removed. The dilator was then introduced and dilatation began at once, and in a few seconds it was over. For fear he had not fully dilated the internal os, he closed the instrument and pressed it in farther, and dilated again. All of this was done with but little pain to the patient. In about ten days she menstruated with but little pain, not more than is common for women, and is now pregnant and in fine health. A second case, in which lanoline was used for vaseline, with equally successful result, is also mentioned.

For Burns.

The following formula, says the *Deutsche med. Wochenschrift*, March 15, 1888, is recommended by Nicot, Vuillet, and other French authors:

Salol.....grs. 37½
Lime water,
Olive oil, of each.....drachms 2½
Mix. Use as an ointment to the affected parts.

Irido-Choroiditis from Exposure to Sunlight.

It appears that Professor Plateau, of the University of Ghent, while trying to observe the effects of the irritation of the retina gazed steadily at the sun for twenty seconds, the result being that chronic irido-choroiditis developed, ending eventually in total blindness. A number of cases are known in which choroiditis and retinitis occurred in persons who had observed an eclipse of the sun. The single flash of a sun reflector has been known to cause retinitis, and other temporary visual disturbances of a functional character have been frequently noted.—*Public Opinion*, March 24, 1888.

Water from the Sea for English Towns.

The scarcity of water in many large towns in Great Britain is causing much alarm. The city of Liverpool, and the sister city, Manchester, are in great danger of a water famine, the former having only about ten days' supply in the reservoirs. A proposal to bring sea water in mains from the coast to the large inland towns of England has been made by Mr. Ellis Lever, of Manchester, and has been received with much favor by the press and public. Mr. Lever's proposition is to lay pipes for sea water, side by side with the fresh-water supply, and that the sea water should be used for baths, closets, watering streets, flushing sewers, and in extinguishing fires. For all this, and many other purposes, sea water is more efficient than fresh water. The object Mr. Lever has in view is to economize the fresh-water supply. The question is forcing itself upon the attention of the British Parliament, and a proposal is being made to appoint a royal commission to inquire into the water-supply of Great Britain. The King of the Belgians is also alive to the importance of this subject, and has offered a prize of 25,000 francs for the best treatise on the water-supply of large towns.—*N. Y. Evening Post*, April 4, 1888.

Appointments at St. Agnes's Hospital.

The new Hospital of St. Agnes in Philadelphia, is to be formally dedicated during the latter part of the present month, and patients will be received early in May.

The following is the staff of physicians and surgeons:

Medical Director, Dr. J. H. Grove, A.M., M.D., LL.D.

Medical Staff, Professor Horatio C. Wood, M.D., LL.D.; Professor James Tyson, Dr. John M. Keating and Dr. Michael O'Hara.

Surgical Staff, Professor W. W. Keen, Professor J. Ewing Mears, Professor John B. Roberts and Dr. Joseph M. Fox.

Medical Out-patient Department, Dr. George Dock and Dr. Hobart A. Hare.

Surgical Out-patient Department, Dr. J. F. Walsh and Dr. Charles B. Penrose.

Ophthalmologists, Dr. Charles A. Oliver and Dr. Francis M. Perkins.

Dispensary for Throat, Nose and Ear, Dr. George Y. McCracken and Dr. John Sheets

Gynecologist, Dr. D. W. Cadwallader.

Dispensary for Diseases of Children, Dr. Robert Kilduff.

Pathologist, Dr. Andrew J. Downs.

Jefferson Medical College Prizes.

At the sixty-third annual commencement of the Jefferson Medical College of Philadelphia, April 4, 1888, prizes were awarded as follows:

1. A prize of \$100 by the *Medical News*, for the best Thesis, to Laurence Reynold Ryan, of Illinois, with honorable mention of the thesis of George M. Gould, of Massachusetts.

2. A gold medal, for the best essay on a subject pertaining to the practice of medicine, to Augustus A. Eshner, of Pennsylvania, with honorable mention of the essays of William Louis Baum, of Illinois, and William L. Whittington, of Missouri.

3. A gold medal, for the best anatomical preparation, to William M. Browder, of Alabama, with honorable mention of the preparation of John W. Groff, of Pennsylvania.

4. A gold medal, for the best work in chemical laboratory, to John Charles Hierholzer, of Pennsylvania.

5. A case of instruments, for the best original research in the *Materia Medica* Laboratory, to Jacob S. Pragheimer, of Pennsylvania, with honorable mention of the essay of Samuel Tevis, of California.

6. A gold medal, for the best essay on a subject pertaining to physiology, to John J. McFadden, of Pennsylvania.

7. A case of instruments, for the best essay on a subject pertaining to surgery, to Edward L. Beal, of Missouri.

8. A gold medal, for the best essay on a subject pertaining to obstetrics, to Sylvester S. Kring, of Pennsylvania, with honorable mention of the essay of J. Howard Frick, of Pennsylvania.

9. A case of instruments, for the best essay on a pathological subject, to Edgar Parker Hershey, of Pennsylvania.

10. A gold medal to William Stephen McDonald, of Maine, for the best report of Dr. Thomas G. Morton's Surgical Clinic at the Pennsylvania Hospital.

Correction.

Prof. Gross says that the class-room note on the "Preservation of Ligatures," (REPORTER, March 10, p. 318), taken from the *College and Clinical Record*, should have been "Preservation of *Sutures*," the formula being Macewen's. He also says there should be no carbolic acid in the solution used to preserve them (alcohol, parts 15, glycerine, part 1).

NEWS.

—Dr. Martineau, the well-known physician of Paris, died recently at the age of 52 years.

—It is announced that Dr. Oliver Wendell Holmes has given his medical books to the Boston Medical Library.

—The death of Dr. Hippolyte Blot, Secretary of the French General Association of Physicians, is announced.

—The Missouri Medical College held its annual commencement March 6. The school is in a prosperous condition.

—Dr. Robert Travers, Professor of Medical Jurisprudence in the University of Dublin, died March 27. He was appointed Professor in 1864.

—It is customary in the election of a President of the Royal College of Physicians of England to give, after the election, to each Fellow present, a new half-crown. The origin of the custom is not known.

—The Philadelphia College of Pharmacy at its 67th annual commencement held recently graduated 137 as pharmacists, including one young lady. This is the largest class the school has ever graduated.

—An Indiana doctor is said to have begun marrying in 1832, and now at the age of seventy-five to have just married his seventh wife. None of the seven was over thirty-one years old when she became the doctor's wife.

—The *Ledger*, March 16, 1888, says: A real live British peer in America is John Contee Fairfax, M. D., of Northampton, Maryland. According to "Debrett's Peerage" he is the eleventh Baron Fairfax, and last year he received from the Queen a formal invitation to be present with his fellow-peers at her Jubilee in Westminster Abbey. This invitation he did not accept. He has now retired from the active practice of his profession, and lives a quiet, simple life on his farm. The dowager Baroness Fairfax, widow of the tenth Baron, is living on a ranch in California. Numerous uncles, aunts, and cousins of Lord Fairfax are living in this country. Many of them took part in the Rebellion, but one of them became a Commodore in the United States Navy. It was Thomas, the sixth Baron Fairfax, who settled the family in this country. They are all descended from the famous Fernandino, second Baron, who led the revolutionary forces and defeated the King at Marston Moor; and from his son Thomas, third Baron, who commanded the cavalry at Marston Moor and was in chief command at Naseby.

HUMOR.

IN THE CHEMICAL LABORATORY: Professor—What has become of Tom Appleton? Wasn't he studying with the class last year?"

"Ah, yes; Appleton—poor fellow! A fine student, but absent-minded in the use of chemicals—very. That discoloration on the ceiling. Notice it?"

"Yes."

"That's Appleton."—*Tid-Bits.*

A YOUNG PREACHER the other day, undertaking to "stump" Bishop Foss, of the Methodist Church, with a "temperance" question, said: "Why, brother, if there was a mad dog running up and down the streets, would you shoot it or would you hedge it in?" To which the wise bishop made quick reply: "If that mad dog had been running up and down the streets for 30 years, and I had been blazing away at it all that time without hitting it, I guess I'd try and hedge it in."—*Chicago Advance.*

"THAT FARM SCENE you seem to be sneering at, sir," said the indignant artist, "is valued at \$500. It is generally considered a fine painting. Allow me to ask you if you are familiar with works of art?" "Not very familiar," replied the agriculturist, who was looking through the studio with his wife, "but I know something about the works of nature, young man; and when you make a cow that gets up from the ground by putting out her fore feet first you are doing something that nature never did."

THE SECRETARY of the Health Department of Baltimore receives many curious certificates from physicians of that city. From a number recently sent in the following "causes of death" are worthy of note: A report on the death of a lady, eighty-five years of age, reads: "Cause of death, fall from third-story window. Seeing it was a fatal case I let her die in peace, which she did in one hour and twenty minutes." Another certificate makes the sad announcement: "A boy four years old died from eating a heavy piece of apple-pie four hours before death."

AN ENGLISH GENTLEMAN found a large turnip in his field of the shape of a man's head, and with the resemblance of the features of a man. Struck with curiosity, he had a cast made of it, and sent the cast to a phrenologist, stating that it was taken from the head of a celebrated professor, and requested an opinion thereon. After sitting in judgment, it was reported that it denoted a man of acute mind and deep research, that he had the organ of quick perception, and

also of perseverance, with another that indicated credulity.—*Kansas City Med. Record*, March, 1888.

SAUSAGES, cooked or half raw, highly spiced, are an essential of German cookery. In order to prevent the Germans from exposing themselves to a number of bad diseases incidental to pork, the authorities insist upon the pigs being examined before being offered for sale. A peasant was arrested for evading this law, and upon being asked to explain, said that he had a most accurate method of determining the soundness of pork. The pastor of the district was always hungry, so the peasant always sent him the first sausage made from each pig slaughtered, and a week later called to inquire after his health. If it was all right the pork went to market, and the examination fees were saved.

OBITUARIES.

S. C. THORNTON, M.D.

Dr. S. C. Thornton, died recently at his home in Moorestown, New Jersey. He was graduated from the University of Pennsylvania in 1852. His funeral on April 13, was attended by a number of the members of the Burlington County Medical Society.

Official list of changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from April 8, 1888, to April 14, 1888:

Capt. Geo. E. Bushnell, Assistant Surgeon, from Fort Preble, Me., to Camp Pilot Butte, Wyo.

First Lieutenant Wm. Stevenson, Assistant Surgeon, from Camp Pilot Butte, Wyo., to Fort Verde, Ariz.

First Lieutenant E. A. Mearns, Assistant Surgeon, from Fort Verde, Ariz., to Fort Snelling, Minn.

First Lieutenant Wm. L. Knudler, Assistant Surgeon, from Fort Snelling, Minn., to West Point, N. Y.

First Lieutenant W. C. Border, Assistant Surgeon, from Fort Douglas, U. T., to San Antonio, Tex.

First Lieutenant G. L. Edie, Assistant Surgeon, from San Antonio, Tex., to Fort Douglas, U. T. S. O. 79, A. G. O., April 6, 1888.

Changes in the Medical Corps of the U. S. Navy for the week ending April 14, 1888:

Passed Assistant Surgeon Henry T. Percy, from Naval Academy, and to Hospital, Washington, D. C.

Passed Assistant Surgeon M. H. Crawford, from Hospital, Washington, D. C., and wait orders.

Surgeon J. M. Flint, from Fish Commission duty, and special duty at Smithsonian Institution.

Surgeon R. C. Persons, to duty in charge of Army and Navy Hospital, Hot Springs, Ark.

Assistant Surgeon E. P. Stone, from further treatment, and to duty, Hospital, New York.

Medical Director David Kindleberger, from Hospital, Washington, D. C., and wait orders.

Medical Inspector A. A. Hoehling, to Naval Hospital, Washington, D. C.

Passed Assistant Surgeon G. E. H. Havmon, to duty Naval Academy, Annapolis, Md.